TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after depth. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF THE CATE OF DEATH

	U4141		CERTIFICA	TE OF DEAT	ſΗ	02078
1.	PLACE OF DEATH a. COUNTY					nstitution: Residence before admission)
	Carroll		MARYLAND	a. STATE Mary]	land Bal	Itimore City
	b. CITY OR TOWN (If outside write RURAL and give nea	corporate limits,	C. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corporate limits, w	rite RURAL and give nearest town)
	Sykesville	in a se town,	6 mos. 8 d	ys. Balti	imore	30-4
	d. NAME OF HOSPITAL OR IN:	STITUTION (If not in has	pital, give street addres	d. STREET ADDRE	SS	e. IS RESIDENCE DN A FARM?
~	Springfield S	tate Hospita	al	1618	Gough Street	YES ND X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Mont	th Day Year
	(Type or print)	ANTHONY	(NMN) ADAM	KOWICZ	DEATH Febr	ruary 11 19 66
5.	SEX 6. COLOR O	R RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min.
1	Male Whi	te WIDOWED	7000	12-03-86	79 yrs.	
	a. ISUAL OCCUPATION (Give king ring most of working life, even	If retired) IDb. KIN	D DF BUSINESS OR DUSTRY		(County & State, or foreign countr	y) 12. CITIZEN DF WHAT COUNTRY?
12	Iron Molder	For	undry	Polar	nd	Alien
13				14. MOTHER'S M		*
15	Anthony Adamko . Was deceased ever in u.s. a		OCIAL SECURITY NO. 1	Fran	nciska ?	hee
(Y	es, no, or unkown) (ff yes give was	ror dates of service)				
-	No la course de pental l'entre	[217	7-01-3360A	Records, Spr	ringfield State	Hospital
	18. CAUSE OF DEATH [Enter	USED BY: Carcino	oma, probably	y gastro-int	testinal, with	ONSET AND DEATH
	IMMEDIATI	CAUSE (a) motast	asis to bra	in		months
	Cenditions, if any, which	DUE TO				
	gave rise to immediate	(b)			probably inact	tive
	cause (a), stating the underlying cause last.		rately advan	ced pulmonar	ry tuberculosis	
NOI	PART II. DTHER SIGNIFICANT	CONDITIONS CONTRIDUT	ING TO DEATH BUT NOT R	ELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN	VPART 1(a) 19. WAS AUTOPSY
ICAT	Chronic brain psychotic reac	syndrome, as	ssociated wi	th senile br	rain disease, wi	th YES NOX
CERTIFICATION	20a. ACCIDENT WAS UNDERL DR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING 20b. DE	SCRIBE HOW INJURY OF	CCURRED. (Enter nature	of Injury in Part 1 or Part II	of Item 18.)
	(IF EITHER, NOTIFY MEDICAL	L EXAMINER)				
MEDICAL	2Dc. TIME OF INJURY Mon	th, Day, Year 20d. INJ	URY OCCURRED 208. F	PLACE OF INJURY (Home	o, farm, 20f. (City or town)	(County) (State)
MEO	Hour a.m. p.m.	19 While at work	Not While at work	010123 01100 0102		
	21. I certify that (I) (ti	nis hospital) attended	I the deceased from	8-3-65	210 a to 2-11-6	66, 19, that (I) (we) last
	saw the deceased alive	on 2-11-66	19, and t	hat death occurred a	M, from the causes	and on the date stated above.
	22a SIGNATURE	11,000,11	lens	ATTENDING -	MED. STAFE	220. DATE SIGNED
	22c. PHYSICIAN'S	y ocean	The	M.D. PHYS.	DIRECTOR PHYS. E	
	MARKE Clamas	an A. Radzyk	PANYCA M.D	ZZG. ADDRESS	Sykesville, Man	~
238			23c NAME OF CEMET	ERY OR CREMATORY	1 23d. LOCATION (ENC.)	
		/15/66	Holy Rosa		Baltimore,	
	. FUNERAL DIRECTOR		ADDRESS	25a.	REC'D BY REGISTRAR 25b.	
M	.F.SADOWSKI	& SONS, 180	8 EASTERN	AVE DATE	B 1 4 1966 20	Marley Judge

VR A15 (4) 20M 1/65

we do not be a second of the s 12076 A CONTRACTOR OF THE PARTY OF TH 100 report to the second of the se Served drawn 1/51 The sell stall Application The second of th ship the gradual the first tree is the first that the same that the contract the contra TO be a state of the contract MANAGEMENT OF THE PARTY OF THE Valley from the real contract of the contract The property and a line of the publication of the public o . . .

	MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS O2128 CERTIFICAT	500	RYLAND
L.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before admission)
-	a. COUNTY A A P P	a. STATE DOLL OUT b. COUNTY DE	1 D D . / /
	MARYLANO MARYLANO	c. CITY OR TOWN (If outside corporate limits, write RURAL as	A A O L
,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		In Rise need ext rount
4	NION BRIDGE KURAL 4DAYS	NEW WINDSOR	NUKHL
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	BROOK FIELD MANOR NURSING HOME		YES NO NO
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	DECEASED (Type or print) LULA VIOLA AL	BAUGH DEATH FEB	8 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
	F WIOOWED O OTVORCEO	APR 2/, 1905 60 yrs. Months D	eys Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
dur	ing most of working life, even if retired) INOUSTRY,	MARYIANA	INTRY?
12	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	377
10.	I to the second	PAR MULTINE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	War-P MA
	UNKNOWN	HOSE NUSBAUM WESTIMI	MSIEN MID
	WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	URAL
	NO 216-14-3739 M	RS OSCAR PETRY NEW WIN	YDSOR MD
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	. 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. CEATH WAS CAUSEO BY: Curteriaseles	+ - ev9	Me and
	Conditions, if any, which \		
	gave rise to immediate		
	cause (a), stating the DUE TO		
_	underlying cause last.) (c)	ATCR TO THE TERMINAL DISCRAF CONDITION CIVEN IN DADY 1/4)	119. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	PERFORMEO?
S	Draheter, Ventre	l Herria	YES NO
=	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL		ACE OF INJURY (Home, farm, 201. (City or town) (Count	ty) (State)
MEDICAL	while Not while	ory, street, office bidg., etc.)	
Z	p.m. 19 at work at work	1/10/10 10 10 2/8///10	that (I) fundation
	21. I certify that (i) (this hospital) attended the deceased from	1/0 / 60, 19 to 2/8/4/19	_, that (I) (we) last

saw the deceased alive on and that death occurred at 🗸 **OATE SIGNED** 22b. SIGNATURE MED. DIRECTOR ATTENDING PHYS. M.D. PHYSICIAN'S NAME (Type) ADDRESS 22d. 22c. OBERTSON 050 BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR (State) LOCATION (City, town or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. 23b. 23c. ADDRESS. 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25a.

1966

1/65 VR A15 20M 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician at the please remove carbon papers. Pages 1 and 21 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 21 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	9	DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10	1	00400	E OF DEATH ()2081
	1.	PLACE OF DEAFN a. CDUNY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE b. COUNTY
		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CPTY OR TOWN (if outside corporate limits, white RURAL and give nearest town)
	-	write RURAL and give nearest town)	Westminter 06-1
0	0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireet address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES NO
	3.	DECEASED	1 Jost 4. DATE Johnth Day Year
	5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (IN YEARS) IF UNDER 1 YEAR IF UNDER 24 HRS.
		M WIDOWED DIVORCED	Rec, 21/92 Jast birthday) Months Days Hours Min.
	10a dur	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address C A
	(Ye	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) (15 yes give war or dates of service) 15 -0 -9110	- MAS Enthorne 6 of tall
		PART I. DEATH WAS CAUSED BY:	TITING THE STATE OF THE STATE O
		4 300 DUE TO	1 hours of the first
		Conditions, If any, which gave rise to immediate cause (a) station the	of general entire and today
	~	underlying cause last. (c)	(Leet (Gangrenes)
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO FOR
0	CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	DICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
	MEDI	p.m. 19 at work at work 21 certify that (i) (this hospital) attended the deceased from	1 22 1960 to 227, 1966 that (1) (we) last
		saw the deceased alive on 32, 1966, and that	death occurred at 200 M, from the causes and on the date stated shove.
		Without a. Allumple MI	ATTENDING TO CAMED. THE STAFF TO STAFF
1		22p. JPHYSICIAN'S NAME (Type) A 18/D Y. DALR YMOL)	E # 12 hoppinester westmite
	230	BUNIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETER 2 26 6 4 4 4 4	Y OR CREMATORY 23d OCATION (early, town or county) (State)
	24		258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	LA	Tible Till 111016 Lared Book	The Same EEBO & 1966 Charles July

VR A15 (4)

RYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) hours a. COUNTY e. STATE **L COUNTY** by the death Carrol MARYLAND b. CITY OR TOWN (if outside agropmate limits, write RURAL and give bookest lown) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest fown) Pages 1 urs after .⊆ " Rural- New Windsor Middleburg-Union Bridge filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? carbon papers. nt, within 72 hou Manor Nursing Home YES NO P Brookfield 4. DATE Month Yeer DECEASED OF (Type or print) DEATH Pearlie Mae Barnes Feb. 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) WIDOWED Female DIVORCED hysician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) practical Frederick Co. nursing USA ā .5 13. FATHER'S NAME attending (14. MOTHER'S MAIDEN NAME and Frank W. Barnes Laura Nusbaum Then the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordeles of service) the hospital or atlanding prevents.

this certificate has been signed by the dicruse as the burial-transit permit. Ith prior to burial, cremation, or remo requires that New Windsor Md. 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: terior less t IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying ceuse last. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY may be retained by the hospital DIRECTOR: After this certifical 3 should be detached for use as a State Dept. of Health prior to CERTIFICATION PERFORMED? YES T NO T 20s. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Sinta) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 6 19 that HY (we) last 4...19......, and that death occurred and An, from the causes and on the date stated above saw the deceased alive on... 22a. SIGNATURE DATE ATTENDING A MED. SIGNED death. Page 4

TO FUNERAL

director, page 3

be filed with the HOSPITAL PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type New Windsor, Robertson Maryland 23a, BURIAL, CREMATION, | 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Buria. Linganore Cemetery MAR J 1356 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

	01VISIO	N OF STATISTIC	AL RES			, 301 W. PRESTO		BALTIMOR	E 1, MAI	RYLAND DOS Q
1.		RROLL		MARYL		2. USUAL RESIDENCE B. STATEMARY	CE (Where deceases	b. COUNTY	1	lence before admission)
	Syl	N (If outside corporation and give nearest town Kesville		lyr, 8mo, 16	das.	Baltimore				
		eld State H		hospital, give street ed	(dress)	d. STREET ADDRESS 2 West Uni	versity	Parkway	,Md.	e. IS RESIDENCE ON A FARM? YES NO 2
	NAME OF DECEASED (Type or print)	ROBERT	PAUL			Lest	4. DATE OF DEATH		ary 18	
	male	white	WIDOWE			12-6-88	166	yrs.		
de	iring most of work	Ing life, even If retired per -retir	1	KIND OF BUSINESS OR INDUSTRY OKKEEPING		U.S.A.	ounty & State, or f	oreign country)	U.S.	TEN OF WHAT TRY?
1	3. FATHER'S NAM Robert J					Mary Ger				
0	5. WAS DECEASED (es, no, or unkown) 170	EVER IN U.S. ARMED FOR (If yes give war or dates of	Service)	6. SOCIAL SECURITY NO.		informant cords, Sprin	gfield S	tate Ho		
		DEATH (Enter only one EATH WAS CAUSED BY: IMMEDIATE CAUSE		line for (a), (b), and (c) Cardiac fai		9				ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b) Myocardial infarction								days	
2	cause (a), s underlying cous	tating the DUE	(c) Art			cardiovasc			(DT 1/a)	years 19. WAS AUTOPSY
CERTIFICATION	Chronic DHITASE 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	bain synd Bain synd WAS UNDERLYING TO CAUSE OF DEAT TIFY MEDICAL EXAMIN	rome cenic 20b.	assoc, with	cer	ebral arteri e type. IRRED: (Enter neture of	io. Witho	or Part II of	ifyin	PERFORMED?
MEDICAL										
	21. I certify that (I) (this hospital) attended the deceased from 0-3-04, 19 to 2-10-00, 19 that (I) (we) last saw the deceased alive on 2-18-00 19 / and that death occurred at 2:40 M, from the causes and on the date stated above.									
	220 PHYSICH	222. SIGNATURE 226. PHYSICIAN'S ATTENDING MED. DIRECTOR PHYS. PHYS. 2-18-66								
=		MATION, 236. DATE T	uyukui HEREOF	nsaX, M.D.	METER'			e Hospi		Sykesville (State)
	BUPLAL 4. FUNERAL DIRI	2/22/J	966_	Loudon		25a. RE	Balti C'D BY REGISTRA		Md ISTRAR'S	SIGNATURE
_	H.W.Jenl	77112 @ 201	s Co Ba	itimore.	2	Road DATE	EB 21 1	966 /	nane	es Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death; hours after death PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. STATE b. COUNTY sician and completely filled in by the flease remove carbon papers. Pages 1 and in any event, within 72 hours after Maryland Balto City
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Lvr.2mos.5dvs. Svkesville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Springfield State Hospital Hof fman executed within NAME DE Month DATE Middle Last 4. DECEASED OF DEATH JUNTOR BUCHANAN (Type or print) nmn FEBRUARY 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS OATE OF BIRTH 7. MARRIED NEVER MARRIED TO last birthday) Months 70 Male Negro WIDOWED DIVORCED [10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired)

Shipyard Laborer

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physician TO NOTICE OR STREAM STREAM THE PROPERTY OF THE PAGE 19 THE CEATS CONTINUED FOR THE PAGE 4 may be retained by the hospital or attending physician. South Carolina this certificate has been signed by the absording physicached for use as the burial-transit permit. Then ple bept, of Health prior to burial, cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME the athending phi Moses Buchanan Lizzie 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Unknown Records. Springfield State Hospital 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Gangrene, right leg DUE TO Severe arteriosclerosis Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating underlying cause last. BARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. YES

CHICART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. YES

CHICART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. YES

CHICART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. YES

CHICART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. YES

CHICART IL OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. YES

CHICART IL OTHER SIGNIFICANT CONTRIBUTION CO CERTIFICATION meningovascular, with
20a. ACCIDENT WAS UNDERLYING
CONCONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) psychatic reaction INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) IN FUNERAL DIRECTOR: After this certical director, page 3 should be detached fund with the State Dept. of MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work to 2-23 1966, that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from 19 66 and that death occurred at 8 50M, from the causes and on the date stated above. saw the deceased alive on _ ~ ~ 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.O. PHYSICIAN'S Springfield State Hospital 22C. 22d. ADDRESS NAME (Type) Robert M. Deeb. Sykesville. Maryland NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. LOCATION (Qity, town or county) 23a. 23¢. REMOVAL (Specify) ADDRESS /25a REC'D BY REGISTRAR 25b.

VR A15 (4) 15M 4-64

REGISTRAR'S SIGNATURE Marilly

(County)

22b. DATE SIGNED

2-23-66

e. IS RESIDENCE

YES

23

Days

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

ON A FARM?

Year

19

Hours

INTERVAL BETWEEN ONSET AND OFATH

119. WAS AUTOPSY PERFORMED?

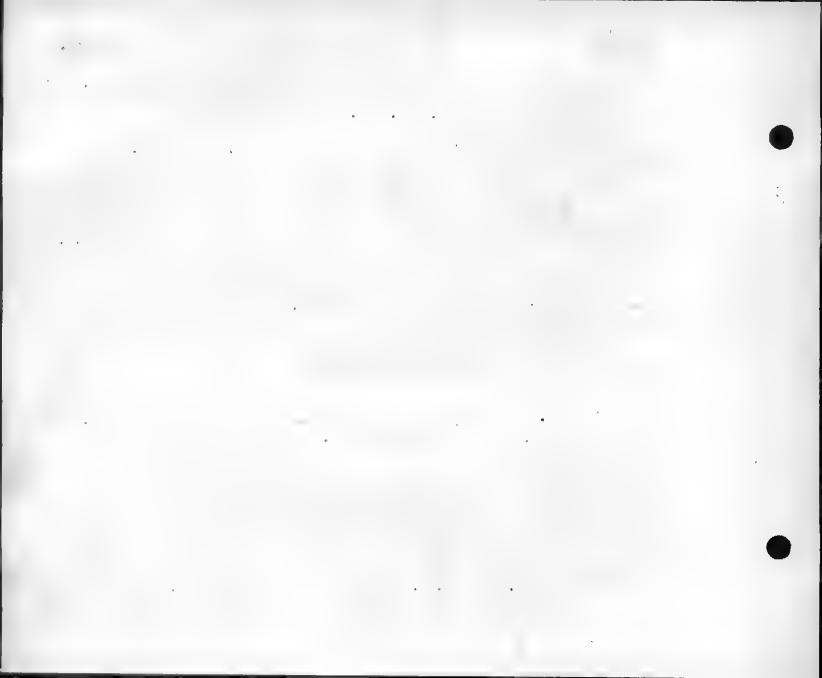
(State)

(State)

Weeks

Years

NO L



	02134. CERTIFICATE OF DEATH	02085
1,	. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution:	Residence before admission
,	a. COUNTY Carroll MARYLAND a. STATE Maryland b. COUNTY	arroll
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if guiside corporete limits, write RURAL and	
	write KUKAL and give neerest lown)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) d. STREET ADDRESS d. STREET ADDRESS	. IS RESIDENCE
	1: 11 1251101:5	ON A FARM?
	NAME OF First Middle Last 4. DATE Month	YES NO X
	DECEASED	//
	1 nomas wilson pachingnus in many	1966
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years WUNDER 1 10st birthday) Months	YEAR IF UNDER 24 HRS.
	Male White WIDOWED X DIVORCED X - 28-18/3 42yrs.	110013
0a	Da. USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI fone during most of working life, even if retirad)	IZEN OF WHAT COUNTRY
	School teacher Education Carroll Co Maryland	USA
13.	3. FATHER'S NAME	
	Peter Buchman Mary Ruth Alla	y e
15.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	E 5E
(Te	Yes, no, or unknown) (Ifyesgivewerordetesofservice) None Francis Buchman Hamps-	lead My
7	18. CAUSE OF DEATH [Enter only one couse for line toyle], (6), and (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Larrie Jagaranditia	ONSET AND DEATH
	1931	-
	Conditions, if any, which) (b) Certification (action Cascular Acres	
	gave rise to immediate couse	-
	(a), stating the underlying DUE TO	
_	couse lost. [c] PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	TI(A) 19 WAS AUTOPS
CERTIFICATION	PARE II, OTHER SIGNIFICARY COMMISSIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN TAKE	PERFORMED?
FICA	ACCIDENT MAS INDEPENDED TO	YES NO
ERTI	206. ACCIDENT WAS UNDERLYING	
		— <u> </u>
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (Stete)
	21. V certify that (I) (this hospital) attended the deceased from 1-26, 19.6, to 2-6-, 19.	6.6 that (1) (we) la
		6.6 that (1) (we) la
	21. I certify that (I) (this hospital) attended the deceased from	Light (I) (we) la date stated above
MEDICAL C	21. I certify that (I) (this hospital) attended the deceased from	Lithat (I) (we) la le date stated above. 22b. DATE
	21. certify that () (this hospital) attended the deceased from	Lithat (I) (we) la le date stated above. 22b. DATE
	21. certify that () (this hospital) attended the deceased from	Lithat (I) (we) la le date stated above. 22b. DATE
	21. certify that () (this hospital) attended the deceased from	De that (I) (we) la le date stated above. 22b. DATE SIGNE 2/1/6
	21. certify that () (this hospital) attended the deceased from	E that (I) (we) la de date stated above.
MEDICAL	21. certify that () (this hospital) attended the deceased from	22b. DATE SIGNE SIGNE STATE STATE SIGNE SIGNE SIGNE SIGNE STATE STATE SIGNE SI
MEDICAL	21. I certify that (I) (this hospital) attended the deceased from 1966, to 2—6—1986, to 2—6—1986	22b. DATE SIGNE SIGNE STATE SIGNE SI

MARYLAND STATE DEPARTMENT OF HEALTH



20M 1/65



death.

after

Dours

within

executed

certificate

death

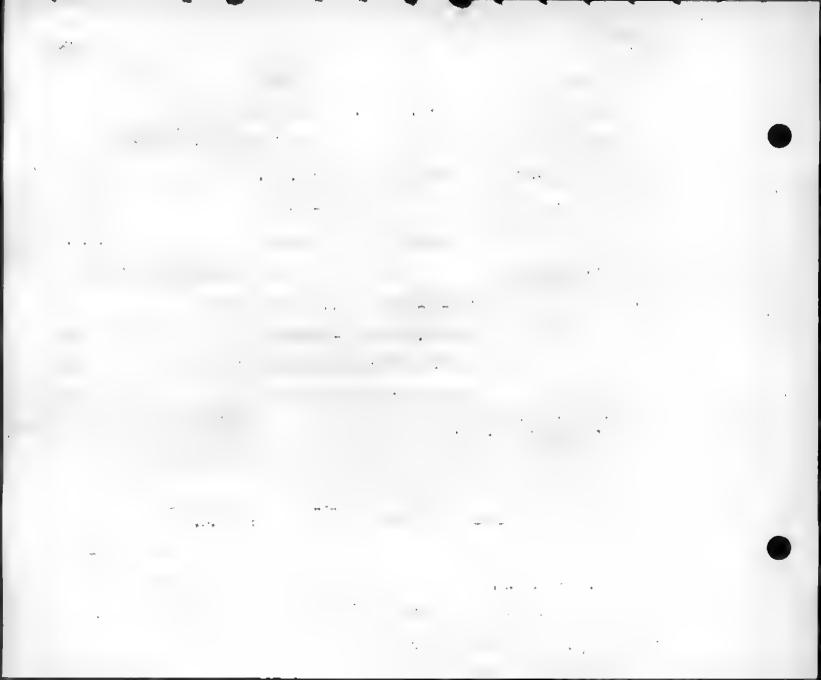
PHYSICIAN: The law requires that the

by the hospital or attending physician.

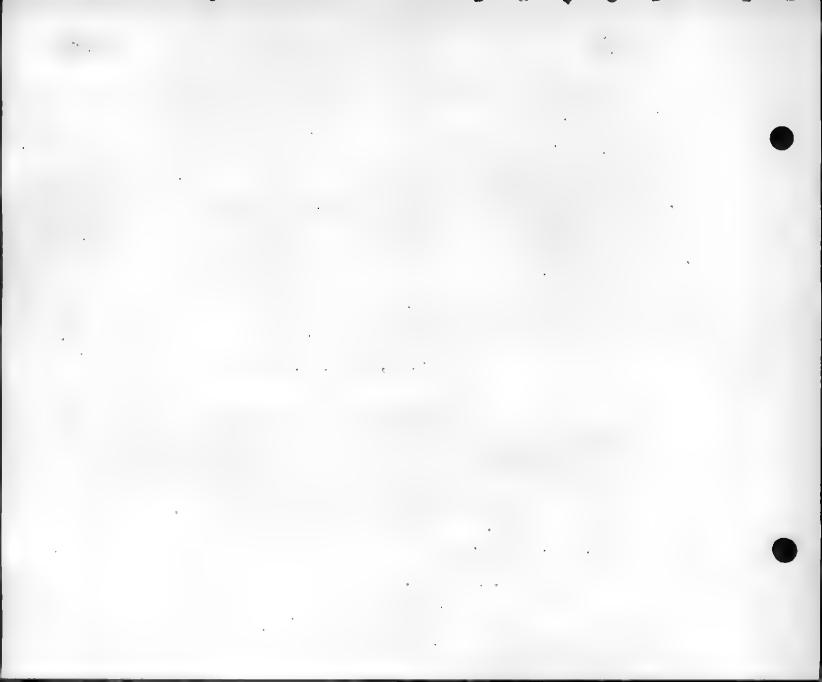
retained

4 may HOSPITAL

20M



	, sign	0	DIVISION OF STA	TISTICAL RESE	ARCH AND REC	DEPAK DRDS, 301	W. PRESTON	STREET, BALTI	MORE 1, M	ARYLAND
4 674	1		02137				F DEATH		0.2	2088
death.		1.	PLACE OF DEATH)						sidence before admission)
五 多 五			CHRRO/1		MARYL	AND	a. STATE AAR	yland b.	COUNTY	
by the Page:		1	b. CITY OR TOWN (if outside write RURAL and give ne:	corporate limits, arest town)	c. LENGTH OF STAY		5 3			and give nearest town)
hours I in by S. Pag hours		73	d. NAME OF HOSPITAL OR IN	1/e	6 Month	5 /	TREET ADDRESS	SYKESVI	11e	A LO DECIDENCE
n 24 hours after death filled in by the funeral papers. Pages 1 and hin 72 hours after that	* _/ *		Melville Au	e.	iospitai, give street au	aress) d. s	Melville	Ave.		e. IS RESIDENCE ON A FARM? YES NO \
aw requires that the death certificate be executed within 24 fittending physician. has been signed by the attending physician and completely filled as the burial-transit permit. Then preser amove carbon papers prior to burial, cremation, or removal, and many event, within 72			NAME OF DECEASED (Type or print)	n First NARU	Middle	Ch	Amhers 4	OF JEATH FOR	Month 13	Day Year 19 66
com ve c				R RACE 7. MARRIED	NEVER MARRIED	8. DA	TE OF BIRTH	19. AGE (In ye		YEAR IF UNDER 24 HRS.
and c		F	emale Whi	te WIDOWED	DIVORCED	MAR	20H 9. 188	85 yr	s.	Days Hours Min.
8 5 8		10a. duri	USUAL OCCUPATION (Give kind og most of working life, even	d of work done 10b. i	CIND OF BUSINESS OR	11.	BIRTHPLACE (Count	y & State, or foreign con	untry) 12. CIT	IZEN OF WHAT
Te L		13.	HOUSEWIFE		Home		MARYIA	nd	U	5A-
tifica ng ph hen noval		13,	63 - 14			14.	MOTHER'S MAIDEN			
ath certifica attending phr mit. Then 1, or remova		15,	UNKNOC WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY NO.	17. INFOR	Unknow		ddress	
death c ne atten permit		(Yes	, no, or unkown) (If yes give wa	r or dates of service)			Edward CI	Amhere	Sykes	sulle Mal-
at the deat ian. d by the at ransit pern		7	18. CAUSE OF DEATH [Ente	r only one cause per				r (m) C/L/J	3	INTERVAL BETWEEN
hat the clan. led by the transit I, crema			PART I. DEATH WAS CA		sive cerebra		orrhage			Nova 1905
ohysician signed b urial-tran			, X	DUE TO						2-13-66
lfres ti physi n sign burial burial			Conditions, If any, which agave rise to immediate ((b) Нур	ertension; a	arterio	sclerosis	, generaliz	ed	
ding I			cause (a), stating the	DUE TO						
law of the standard s		No	underlying cause last. PART II. OTHER SIGNIFICANT	(c) Chr.	onic brain s UTINGTO DEATH BUT NO	TRELATED TO	OTHETERMINAL DISE	ASECONDITIONGIVE	N IN PART 1(a)	119. WAS AUTOPSY
CLAN: The law red osmital or attendir certificate has be ned for use as th		CERTIFICATION								PERFORMED?
ANS. Bital driffic of for	()	MIEI.	20a. ACCIDENT WAS UNDERL OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICA	YING 20b.	DESCRIBE HOW INJURY	OCCURRED.	(Enter nature of in	ury in Part I or Part	II of Item 18.)	1
HYSICIA The hospit This cert etached Dept. of			(IF EITHER, NOTIFY MEDICA	L EXAMINER)						
PHYSI the h this detac		MEDICAL	20c. TIME OF INJURY Mon Hour a.m.	, ,,		e. PLACE OF factory, stre	INJURY (Home, farm, eet, office bidg., etc.)	20f. (City or town	n) (Coun	ty) (State)
d by the d be d be care		WEI.	p.m.	19 While	k at work					
END lined lined ould the		Н	21. I certify that (I) (t		led the deceased fro	m_Nove	mber, 19_c	5, to Feb. 1	3, 19_6/	6, that (I) (we) last
ATT PER STANDARD		-	saw the deceased alive 22a. SIGNATURE	on Feb. 13	1966, an	d that deat	h occurred at LL	<u></u>		e date stated above. TE SIGNED
OR be	,	Н	Hans	18 Ha	W	M.D. PH	TENDING A MED	STAFF PHYS.		14, 1966
may RAL RAL F, pa	1		22c. PHYSICIAN'S NAME (Type)				d. ADDRESS			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the lage 4 may be related by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creen			How		I, M.D.			ville, Mary		
G Find Short	0	23a.	REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEM) , /		23d. LOCATION (Cit		(State)
	1	24.	FUNERAL DIRECTOR	76 66	ADDRESS	TKR (emetery	BY REGISTRAR 25b.	RÉGISTRAR'S	SIGNATURE
VR AI5 (4)	(1)	7	HARRIN YI XL	night as	excaville.	· Yr	C. DEEB 2	1 1966 0	Clearla	O. dal
20M 1/65	1.0	<u> </u>	1 10		1	1		1300		Junge



MARYLAND STATE DEPARTMENT OF HEALTH

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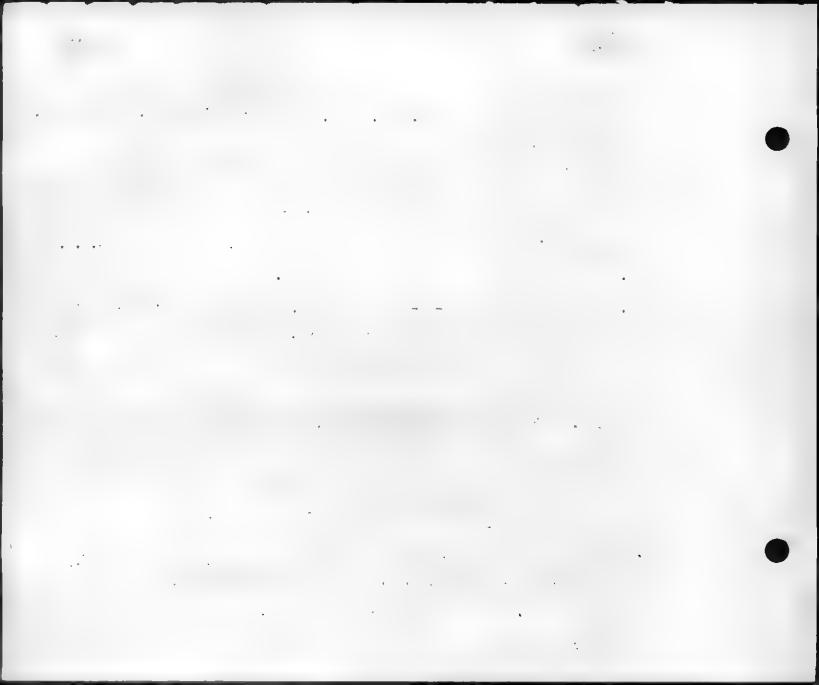
<u>ب</u>	#N#		02123		CERTIFICAT	E OF DEATH		02090
r III ath	de la	ī.	PLACE OF DEATH			2. USUAL RESIDENCE a. STATE	b. COUNT	
after	the the	-	h CITY OF TOWN	Off putside cornerate limite	MARYLAND C. LENGTH OF STAY IN 1b	17 CI	telda cornarata limite welte	RURAL and give nearest town
homrs	A (8)		62	(If outside corporate limits, and give nearest town)	19 HRS 214	301	Main J	NOWE and Bise newser form
Ĕ	filled n 72 h		d. NAME OF HOS	PITAL OR INSTITUTION (If not I	n hospital, give street address)	d. STREET ADDRESS	11.	B. IS RESIDENCE DN A FARM?
in 14				enoll loun	ty devent	Alex	10,000	YES ND
within	pletely arbon	3.	NAME OF DECEASED (Type or print)	Michalla	Middle	Last	A. DATE Month DF DEATH	Day Year
3	See	5.		6. COLOR OR RACE 7. MARRI		8. DATE OF BIRTH	9. AGE (in years if	UNDER 1 YEAR IF UNDER 24 HR
xecut	n and c remov in any	1	F	WIDOW	ED DIVORCED	2/1/66	yrs.	lonths Days Hours Min.
2	Nysician n please nal, and in	du	ring most of workli	ON (Give kind of work done 10)	D. KIND OF BUSINESS DR INDUSTRY	11. BIRTHPLACE (Coun	A // /	12. CITIZEN DF WHAT
ate	a a a	13	FATHER'S NAME	AZ AZ	1401012	14. MOTHER'S MAIDEN	NAME	<u> </u>
certificate	atte∎ding ⊪l ermit. Then n, or remova		Edus	ard Vak		Constance	CO- COE	-
	at.	1! (Y	es, no, or unkown)	VER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
death	e at perm ign,		1/6	1/1	NONE	CINA	The Cal	- King
e .	d by the at			EATH {Enter only one cause p		ter (i	B. 072 - 7/	ONSET AND DEATH
hat	0 + b		2 2 2 2	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of mmal	URILY (JIK Mugh	1/2
hysi t	sign burial burial		Conditions, if a	DUE TO				
	is e ci		gave rise to	Immediate (
ndin	¤≑ ë		cause (a), sta underlying cause	mile ma [
law atte	has e as h pri	NO.			IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMUNAL DIS	EASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
를	ficate for use Health	ICAT	Pr	emasure L	abor tpa	Mal Jap	acater pla	YES NO E
spital	ed fo	CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTION	IG () CAUSE OF DEATH	. DESCRIBE HOW INTURY OCCU	JRRED. (Enter nature of In	Jury In Part I or Part II of	item 18.)
S S	tach Dept			NURY Month, Day, Year 20	d. INJURY OCCURRED 20e. PLA	OF OF INDIDVALORS form	a. 20f. (City or town)	(County) (State)
5 to 25	ffer the be del	MEDICAL	Hour a.m		Not While facto	ry, street, office bldg., etc.)	(Sound)
e =	A PER S	-		that (I) (this hospital) atte	ended the deceased from	2-6 196	56 to 2.1.	, 19 6-6, that (I) (we) las
Epig	F that		saw the dec	eased alive on	19, and tha	t death occurred at 🖅	M, from the causes a	nd on the date stated above
9	DIRECTO		22a. SHGNATUR	6, 8h	eg .	ATTENDING - ME		22b. DATE SIGNED
TAL 0			22c. PHYSICIAN	RECOILE =	The M.C	ATTENDING ME DIR 22d. ADDRESS	RECTOR PHYS.	2/1/1k
4	tor, d be		NAME (Ty	(ARI MI	Green	22d. ADDRESS	o Drives To	
Page	O FUN lirect should	23	BURIAL, CREMA	TION, 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY)	23d COCATION (City, tow	n-or county) (State)
6	2	1	REMOVAL (Spec	12-1-66	PIPE (12)	EEK (EM)	CHRROLL	LOUNTY M
	P	12	FUNERAL DIREC	TOR	ADDRESS	25a. REC'D	BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
VR /	415 (4) Y T	- 1	111 ledoto 3.	INTIMA NIE	14/1/3/ ACAD /	/// .	1 1 1200	1 1



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02140 CERTIFICATE OF DEATH

1. PLACE OF DEA 8. COUNTY	ТН		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)				
Carro	77	MARYLAND	a. STATE B. COUNTY Garrett				
b. CITY OR TO	WN (if outside corporate limits, AL and give nearest town)	c. LENCTH OF STAY IN 16		outside corporate limits, write RURAL			
Sykasy		2yrs.7mos.28d	Rural	- Addison, Pa. (Gar	rett Co.)		
	OSPITAL OR INSTITUTION (if not in)	hospital, give street address)		77	e. IS RESIDENCE		
	field State Hospi			,	ON A FARM?		
3. NAME OF	First	Middle	Last	4. DATE Month	Day Year		
DECEASED (Type or print)	RAY	JOHNSON	CROWTHERS	DEATH FEBRUARY	8 19 66		
5. SEX	6. COLOR OR RACE 7. MARRIEL	DE NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years IF UNDER I			
Male	White WIDOWEL		11-15-1886	79 vrs.	Days Hours Min.		
10a. USUAL OCCUP	ATION (Cive kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
	rking life, even if retired) .st (retired)	INDUSTRY	Pennsylvan		UNTRY?		
13. FATHER'S NA			1 14. MOTHER'S MAIDE		.S.A.		
Unk.							
	DEVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	U TK.	Address			
(Yes, no, or unkown)	(If yes give war or dates of service)						
Unk.			ecords, Sprin	ngfield State Hospi			
	F DEATH [Enter only one cause per				ONSET AND DEATH		
PART L	DEATH WAS CAUSED BY: Art	eriosclerotic i	heart disease	9	Years		
4-01.	DUE TO						
		eralized arter	iosclerosis		Years		
gave rise to cause (a),							
underlying ca							
S PART II. OTHER	RSICNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY		
S CBS ass	oc. with cerebral	arteriosclero	sis, with psy	ychotic reaction	PERFORMED?		
20a. ACCIDEN	T WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II of Item 18.)			
	T WAS UNDERLYING 20b. TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		·				
			ACE OF INJURY (Home, far bry, street, office bldg., et	m, 20f. (City or town) (Cour	nty) (State)		
Hour a	i.m. While	MOT WILLS I	ory, an ear, our co blug., at	··/			
	offy that (!) (this hospital) attend		6-10-63 19	to 2-8-66 19	that (I) (we) last		
saw the d	eceased alive on 2-8-66	19 and the	it death occurred at	to 2-8-66, 19 Out M. From the causes and on the	e date stated above.		
22a. SICNAT	URE /	, and the	it agatii deeditta at		TE SICNED		
Claus	structe (64	12200 M.	D. PHYS.	MED. STAFF PHYS. 2-	8-66		
22c. PHYSIC	IAN'S	1	22d. ADDRESS ST	oringfield State Ho			
NAME (IAN'S Type) Agustin del Car	mps, M. D.		ykesville, Maryland	•		
23a. BURIAL, CRE	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or cou	nty) (State)		
REMOVAL (S		Addison, Pa.	Cemetery	Addison, Somers	*		
24. FUNERAL DI		ADDRESS		'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE		
P15	27/2	Grantsvill	1 550	11 1966 Charles			
Duth Co	Muman	AT WHIDDATTT	- C 9 TICK OF DATE	7 - 1000	0 0		

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH shoold funeral 24 hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions e. COUNTY CARROLL by the fand 2 sideath. b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) C- 6 WESTMINSTER Pages filled i papers. Pagin 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address . IS RESIDENCE ON A FARM? YES NO V 3. NAME OF DECEASED OF 2 (Typa or print) DEATH carbon nt, withi B. DATE OF 9. AGE (In years | IF UNDER 1 YEAR | lest birthday) | Months | Days physician and remove IDa. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done/during most of working life, even if ratirad) please .= 13. FATHER'S NAME pue Then 18. WAS DECEASED EVER IN U.S. ARMED FORCES? removal, 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyasgivewarordalasofservica) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL IMMEDIATE CAUSE (a) **DUE TO** CORONARY ARTERIOSCIEROSIS Conditions, if eny, which gave rise to Immadiate causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? use prior NO V 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Itam IB.) Health OF CONTRIBUTING CALSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f., (City or town) (County) ō factory, street, office bldg., atc.) Hour e.m. While Not While DIRECTOR at work at work FEB 22 1966, that (1) (we) last shoul saw the deceased alive on FEB 22 1966, and that death occurred at 32M, from the causes and on the date stated above. 22a. SIGNATURI 22b. DATE ATTENDING SIGNED HOSPITAL FUNERAL page DIRECTOR PHYS. PHYS. 66 M.D. 22d. ADDRESS 22c. PHYSICIAN S TO FUNE director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY (Stete) 24 FUNERAL DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRAR Witneson. VR A15 (4) 20M 5-63



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please made carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law remulres that the math certificate be exemited within 24 mounts after menth. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALT	1
	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLANI
02142	CERTIFICATE OF DEATH	0.201

1. PLACE DF DEAT a. COUNTY	H		2. USUAL RESIDENCE (Where de		esidence before admission)
a. COUNTY	Carroll	MARYLAND	a. STATE Haryland	b. COUNTY C	arroll
b. CITY OR TOY	VN (if outside corporate limits	s, c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside cor	porate limits, write RURAL	and give nearest town)
RuralSy	and give nearest town)	3yrs. 24day	s Westminster	é	i
d. NAME OF HO	SPITAL OR INSTITUTION (If no	ot in hospital, give street addres	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
Springfie	ld State Hospi	ital	60 Pennsylvani	a Avenue	YES NO
3. NAME DF DECEASED	First	Middle	Last 4. DATE	Month	Day Year
(Type or print)	CARACE	Steel	Dely DEATI	1 Feb	3 19-66
5. SEX	6. COLOR OR RACE 7. MAS	RRIED NEVER MARRIED		AGE (In years IF UNDER	
female	white wind	OWED DIVORCED	10/31/88	77 yrs. Months	Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State	, or foreign country) 12. Cl	TIZEN OF WHAT
Housewi	.16	INDUSTRY	Maryland		USA
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN NAME		
Willi	am R. Steele		Elizabeth Crowl		
15. WAS DECEASED	EVER IN U.S. AR MED FOR CES? ((If yes give war or dates of service)	16. SOCIAL SECURITY NO. 1	, HIFDRMANT	Address	
no	(11 yes give war or dates of service)	unknown	pringfield Hospit	al records,	Sykesville
18. CAUSE DF	DEATH (Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	erminal pneumoni	ia		ONSET AND DEATH
4 2 3	IMMEDIATE CAUSE (a)				7 4014
Conditions (f.	DUE TO	rteriosclerotic	cardiovascular dis	ease	vears
Conditions, if	any, which (b)	irteriosclerotic	cardiovascular dis	ease	years
gave rise to cause (a), s	any, which (b)	irteriosclerotic	cardiovascular dis	ease	years
gave rise to cause (a), s underlying cau	any, which (b)				
gave rise to cause (a), s underlying cau	any, which (b)	ITRIBUTING TO DEATH BUT NOT R	LATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	years 19. WAS AUTDPSY PERFORMED?
gave rise to cause (a), s underlying cau PART III, OTHER Chronic	any, which (b)	ITRIBUTING TO DEATH BUT NOT R		DITION GIVEN IN PART 1(a)	19. WAS AUTDPSY
gave rise to cause (a), s underlying cau PART III, OTHER Chronic	any, which (b)	NTRIBUTING TO DEATH BUT NOTRI Me with senile	LATED TO THE TERMINAL DISEASE CON	idition given in PART 1(a) h psychotic	19. WAS AUTDPSY PERFORMED? YES NO
gave rise to cause (a), s underlying cau underlying cau PART III. OTHER Chronics (Chronics Chronics (Chronics Chronics (If Either, NC	any, which immediate stating the stating the solutions continued by the stating the statin	NTRIBUTING TO DEATH BUT NOT RITE WITH SONILE 20b. DESCRIBE HOW INJURY OF 20d. INJURY OCCURRED 200. F	CURRED. (Enter nature of Injury In P	IDITION GIVEN IN PART 1(a) h psychotic art I or Part II of Item 18.	19. WAS AUTDPSY PERFORMED? YES NO
gave rise to cause (a), s underlying cau underlying cau PART III. OTHER Chronics (Chronics Chronics (Chronics Chronics (If Either, NC	any, which immediate stating the se last. DUE TO Se last. CCLION. WAS UNDERLYING WAS UNDE	ITRIBUTING TO DEATH BUT NOT RITUEN WITH SONILE 20b. DESCRIBE HOW INJURY OF THE PROPERTY OF TH	CURRED. (Enter nature of Injury In P	IDITION GIVEN IN PART 1(a) h psychotic art I or Part II of Item 18.	19. WAS AUTOPSY PERFORMED? YES X NO
gave rise to cause (a), sunderlying cau underlying cau PART II. OTHER Chronic	any, which immediate stating the se last. Co Significant conditions conditions. Co Significant conditions conditions. WAS UNDERLYING WAS UNDERLYING CAUSE OF DEATH DITIFY MEDICAL EXAMINER) INJURY Month, Day, Year imm. 19 a	NTRIBUTING TO DEATH BUT NOT RIME WITH SONILE 20b. DESCRIBE HOW INJURY OF SONIL RIME SON	CURRED. (Enter nature of Injury In P	th psychotic art I or Part II of Item 18. (City or town) (Cou	19. WAS AUTOPSY PERFORMED? YES NO
Rave rise to cause (a), sunderlying cause (a), sunderlying cause (b) PARTIII. OTHER Chronic Ch	any, which immediate stating the stating the se last. SIGNIFICANT CONDITIONS	TRIBUTING TO DEATH BUT NOTRI THE WITH SENILE 20b. DESCRIBE HOW INJURY OF 20d. INJURY OCCURRED 40b. 20d. INJURY OCCURRED 40b.	CURRED. (Enter nature of Injury In P	in psychotic art I or Part II of Item 18. (city or town) (Cou	19. WAS AUTOPSY PERFORMED? YES NO (State) (State)
Rave rise to cause (a), sunderlying cau PART II. OTHER CHRONIC (IF EITHER, NC IT) (IF EIT	any, which immediate stating the se last. DUE TO Se last. CCLION. WAS UNDERLYING WAS UNDE	TRIBUTING TO DEATH BUT NOTRI THE WITH SENILE 20b. DESCRIBE HOW INJURY OF 20d. INJURY OCCURRED 40b. 20d. INJURY OCCURRED 40b.	CURRED. (Enter nature of Injury In P	ch psychotic art I or Part II of Item 18. (City or town) (Cou	19. WAS AUTOPSY PERFORMED? YES NO (State) 19. WAS AUTOPSY PERFORMED? YES (NO (1)) 10. (State)
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RATE II. OTHER CHYOLE II. OTHER III. OTHER	any, which immediate stating the put to put to see last. SIGNIFICANT CONDITIONS C	TRIBUTING TO DEATH BUT NOT REME WITH SONILE 20b. DESCRIBE HOW INJURY OF THE PROPERTY OF THE P	CURRED. (Enter nature of Injury In Page 1997). LAGE OF INJURY (Home, farm, 20f. tory, street, officebidg., etc.) 1/9/, 1963, toward death occurred at 2.25 M, from the phys. ALD. PHYS. MED. DIRECTOR 22d. ADDRESS Spring	(City or town) STAFF PHYS. 22b. PHYS. 22b. STIELD STATE (CITY OF ACTUAL OF	19. WAS AUTDPSY PERFORMED? YES NO (State) 10. WAS AUTDPSY PERFORMED? YES (NO (1) (State) 10. WAS AUTDPSY PERFORMED? (State) (State) 10. WAS AUTDPSY PERFORMED? (State) (State) (State) (Hospital and
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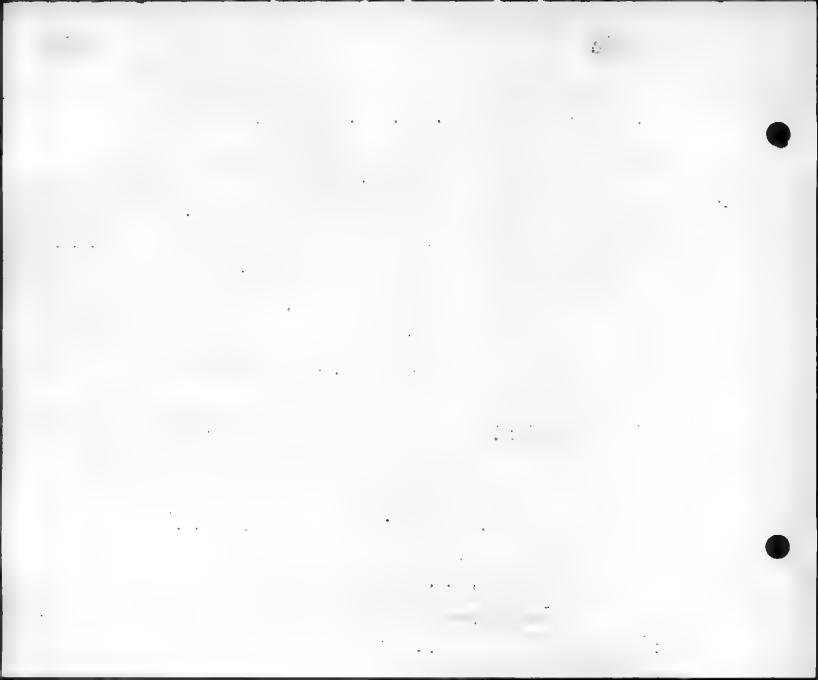
VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02143 CERTIFICATE OF DEATH

. ž									
4	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. STATE b. COUNTY						
П		Carroll MARYLAND	Maryland Frederick						
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
-1		Sykesville 3vrs.9mos.6dvs.	Myersyille						
		Sykesville Syrs.9mos.6dys.d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
-1			Box 7						
,		Springfield State Hospital	DOX /						
- 1	3.	NAME OF First Middle	Last 4. DATE Month Day Year						
П		DECEASED (Type or print) EFFIE HILDEBRANDT	DEAN DEATH FEBRUARY 15 1966						
	5.	AFY A COLOR OF TAXABLE	8. DATE OF BIRTH 19. AGE (In years (IF UNDER) YEAR IF UNDER 24 HRS.						
П		6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.						
ı			11-30-1874 91 yrs.						
1	10a duri	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
- 1		Housewife -	Maryland U.S.A.						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
4	J	John Hildebrandt	Sophie Brown						
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
- 1		s, no, or unkown) (If yes give war or dates of service)	3 0 1 01 21 01 1 77 11 2						
1	_ F	vo (none) Re	ecords, Springfield State Hospital						
-1		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
- 1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis	onset and death 3 days						
- 1		IMMEDIATE CAUSE (a) PREUMORIUS	Juays						
- 1	- 1	The DUE TO							
- 1		Conditions, If any, which (b) Arteriosclerotic cardiovascular disease							
Į		cause (a), stating the DUE TO							
		underfulne serves feet							
	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY						
- 1	CERTIFICATION								
Pc .	2	Chronic brain syndrome with cerebral psychotic reaction. 2007. ACCIDENT WAS UNDERLYING 2001. DESCRIBE HOW INJURY OCCU	arterioscierosis, with YES NO X						
	눈	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	8	OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	- fanta	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)						
	8	Hour a.m. While Not While p.m. 19 at work at work	1), ou cer, ou nevo ough, over)						
	Σ		21 0 4063 . Pob 35 4066						
		21. I certify that 41-(this hospital) attended the deceased from M	ay 9 , 1962, to Feb. 15 , 1966, that the (we) last						
			death occurred at 2:3M, from the causes and on the date stated above.						
		22a. SIGNATURE	22b. DATE SIGNED						
	1	o SA / Marrison Mil	ATTENDING MED. STAFF XI 2-15-66						
		22c. PHYSICIAN'S	22d. ADDRESS						
		NAME (Type) Ilse Kamm. M.D.	Sykesville, Maryland						
	23a	DESIGNATION OF THE PARTY OF THE							
		Reviel teb 17,1966 St pauls	Fulleron Myersville, Bed,						
	24.		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	/	209 Bille m :11.	offEB 17 1956 Marks, July						
1	12	T. Will My exercise, 1	DATE DI LE 1370						
-	/	//							

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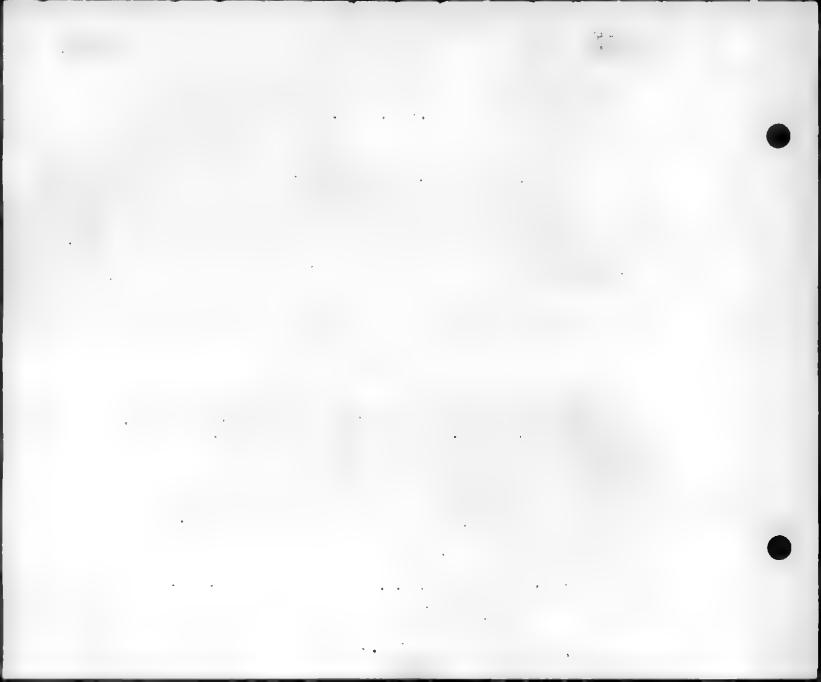
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, envoye carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it is no event, within 72 hours after deaph.

> VR A15 (4) 20M 1/65

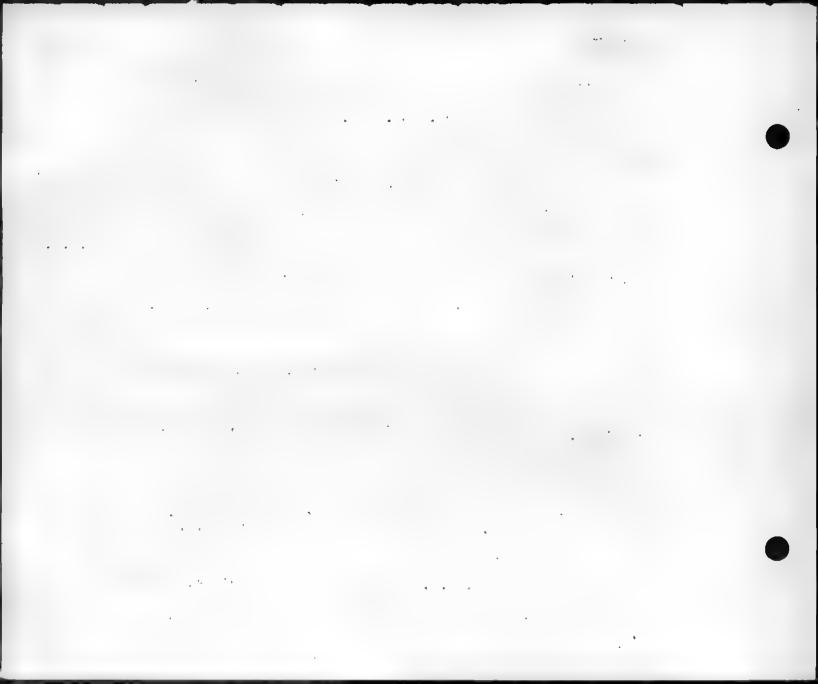
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02144 CERTIFICATE OF DEATH

()2()95

1.	PLACE OF DEATH							b0	OUNTY.	esidence before admission)
_	Carroll			MARYLAN		a. STATE Larylan		E	artimor	4
	write RURAL	N (if outside corporate lin and give nearest town)	nits, c. LEA	IGTH OF STAY IN	- 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				and give nearest town)
	Sykesvi	lle	lyr	.lmos.20d		 Baltimo: 	re			2 . 7
	d. NAME OF HOS	SPITAL OR INSTITUTION (if	not in hospital,	give street addr	ess)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		Tield State Ho	spital			1715 Mad	disor			YES NOTE
3.	NAME OF DECEASED	First		Middle		Last	4. DAT		onth	Day Year
	(Type or print)	HENR		5 De	JO	'R'ETT	DEA	TH Feb	ruary 2	19 66
5.	SEX	6. COLOR OR RACE 7. A	ARRIED NE	VER MARRIED] 8.	DATE OF BIRTH		9. AGE (in ye		YEAR IF UNDER 24 HRS.
1	Male	Negro W	IDOWED 🔀	DIVORCED	٦ I ·	3-15-96		69 vr		Days Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF	BUSINESS OR		11. BIRTHPLACE (Co	unty & Sta		intry) 12. Cl	TIZEN OF WHAT
	ing most of work None	Ing life, even if retired)	INDUSTR	Y		Alabama				UNTRY?
	FATHER'S NAM	F			- 1	14. MOTHER'S MAID	EN NAME			D + A +
						Littie				
15		De Journett Ever in u.s. armed forces	2 1 16. SOCIAL	SECURITY NO. T	17. 1	NFDRMANT	å	Ac	dress	
	s, no, or unkown)	(If yes Dive war or dates of servi	ce)				0.			1 3
_	No		Unkno		Re	cords, Spri	ngile	ela Stat	e Hospi	
		DEATH [Enter only one cau	ise per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DI	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Extensi	ive brone	cho	pneumonia				days
	491	X DUE TO								
Ш	Conditions, If									
	gave rise to	immediate (
	cause (a), st underlying caus	tating the								
₩.			ONTRIDUTING TO	DEATH BUT NOT	RELAT	ED TO THE TERMINAL D	ISEASE C	DADITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY
AT	Chronic	brain syndre	ne, asso	clated w	ith	rerebral a	rteri	losclero	sis,	YES NO
Ⅱ	with p	sychotic reac	tion. Ca	arcinoma	01	RED. (Enter nature of	ou un	Dort I or Dart	II of Itom 19	
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH FIFY MEDICAL EXAMINER)	200. DESCRIE	E HUW INJUST	UUUUN	KED. (Enter nature of	magury ma	rait i Ui rait		,
ICA		INJURY Month, Day, Year		1 -		E OF INJURY (Home, fai y, street, office bldg., et		. (City or tow	1) (Cou	nty) (State)
MEDICAL	Hour a.r		While No	t While		,,,,,,,,,,,				
===		y that (I) (this hospital)			, 1	0-2-64 19	امميا	p. 2-22-	-66_ 19_	, that (I) (we) last
		ceased alive on 2				death occurred at			ses and on th	ne date stated above.
	22a. SIGNATU		1	, 4114	elle.	ocatii oodarraa at		110111 1110 1111		ATE SIGNED
	7	$\mathcal{L}_{\mathcal{L}}$	9/1/2	~ £ 1 /	M.D.		MED. DIRECTOR	STAFF PHYS.	12/2/2	2///
	22c, PHYSICI	N'S XI CLO	- (acc	a,	MI.D.				State i	losrical
	NAME (T	rpe) Frances Rei	d Habore	MD)	de	sville,		
22.	BURIAL, CREW			NAME OF CEME	TERV			LOCATION (CIT		
238	BEMOVAL (Sp	acity カット	11 8	12 11/1	J 200 L		b	n/TIN	ND/=- 1	M
21	FUNERAL DIRE	PTOP CL'OL	you II	ADDRESS	140	274/100/C	I'D BY DE	GISTRAR 25b	REGISTRAR'	S SIGNATURE
129	UNITERAL DIRE		61/9	ALL DICES	1/2	112	, DOI RE		vet /	
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MARYLAND STATE DEPARTMENT OF HEALTH

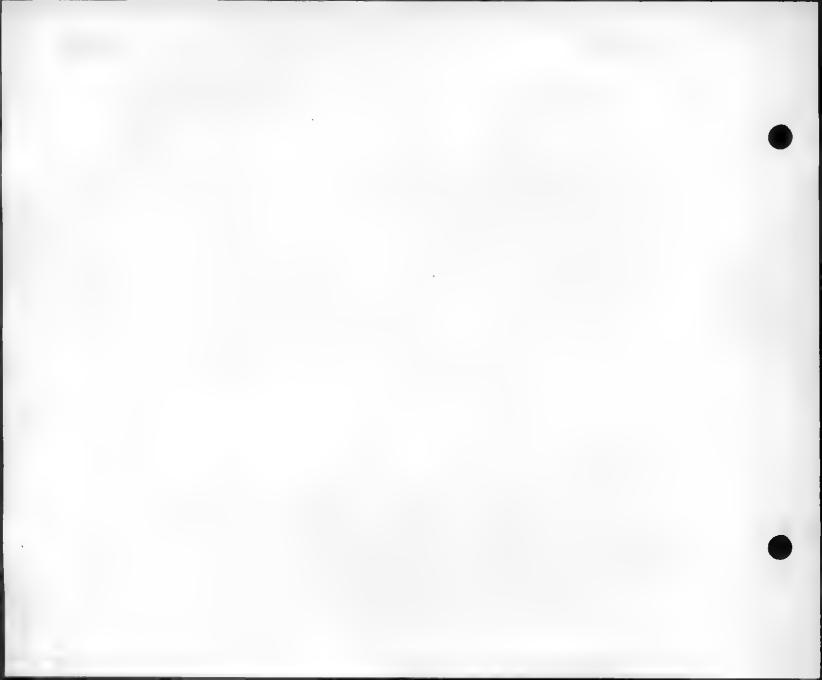


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY STATE by the fi Pages 1 urs after OLL MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) attending physicial and completers. Fag d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO Z The law requires that the death certificate be executed within NAME OF DATE Month 3. Middle 4. Day Year DECEASED OF DEATH 1966 (Type or print) 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED NEVER MARRIED last birthday) Months Deys Hours WIDDWED DIVORGED 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFF

13. FATHER'S NAME MOTHER'S MAIDEN NAME COLUMBUS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address TO FUNERAL DIRECTOR: After this certificate has been signed by the attent director, page 3 should be detached for use as the burial transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 61 TO NOSPITAL DR ATTENDING PHYRICIAN: The law raquiras that the Rage 4 may lie retained by the hospital ar attending phyrician. IMMEDIATE CAUSE DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) WAS AUTOPSY CERTIFICATION 19. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? No 7 YES 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from tp. that (1) (we) last M, from the causes and on the date stated above. saw the deceased alive on 19 (a) and that death occurred at SIGNATURE 22b. DATE SIGNED 22a. ATTENDING PHYS. M.D. DIRECTOR PHYS. PHYSIC IAN'S 22d. ADDRESS 22c. NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b DATE THEREO! 23c. NAME OF CEMETERY OR OREMATORY REMOVAL (Specify) FUNERAL DIRECTOR 250. 24 25a. REGISTRAR VR A15 (4)

15M 4-64

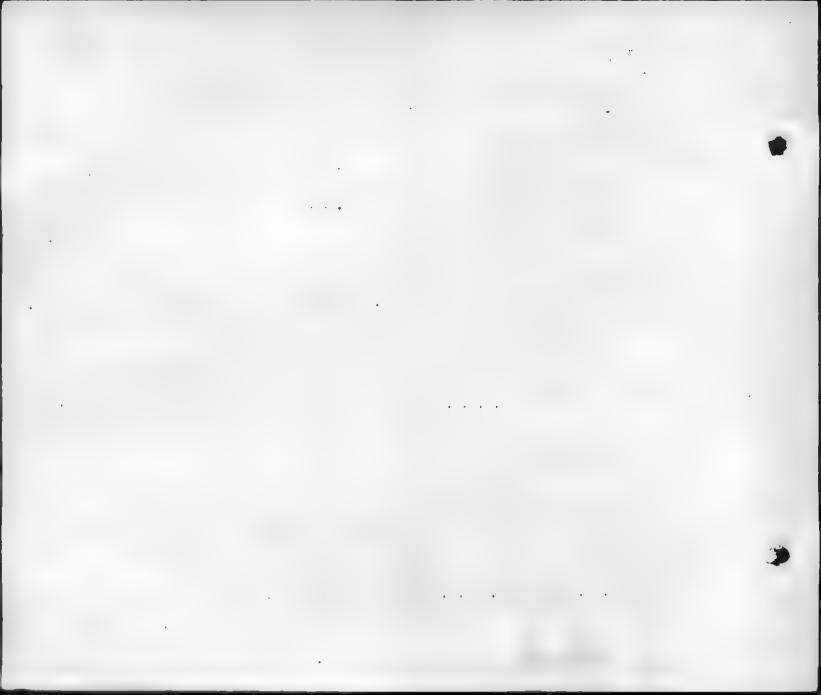
MARYLAND STATE DEPARTMENT OF HEALTH



VS A35 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8

0214	3		CERTIF	ICA	TE OF DEATH			Reg. Dist	120	98
1. PLACE OF DEATH 6. COUNTY Carroll			MARYL	ND	2. USUAL RESIDENCE (Who o. STATE Maryl:		d lived. If institution b. COUNTY	ni Residenci	before ode	
b. CITY OR TOWN (gURAL and give p	If outside corporate limitages town)	its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If or		prate limits, write Rt	URAL ond gi	ve nearest t	own)
Sykesvi			4 month	3	Reist	erst	nwo		*	
OR INSTITUTION	Age Guest		· ·		84. Sacra	d He	ert Lane	3	10	RESIDENCE NA FARM? NO A
3. NAME OF DECEASED (Type or print)	Mar	ie	Middle Kehl		Diehl	4. DATE OF DEATH	Febru		Doy 3,	Yeor 1966
5. SEX		7. MARE	HED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years			NDER 24 HRS
Female	White	WIDOWI		_	Dec.21,1881		110			
during most of wor Housew	king lite, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	Baltimore			_	EN OF WE	A .
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
Henry	Kahl				Christ:	ina				
15. WAS DECEASED EVE Yes, no or unknown!	R IN U S. ARMED FOR (If yes, give wor or dates of s	CES? 16. ervice)			Frederick	Wart	84^ds	ster	d Hes	rt Lan
	ATH [Enter only one co		ne for (o), (b), and (c).]						INTERVAL	BETWEEN ND DEATH
4221	IMMEDIATE CAUSE (o	-	onchial pne	umoi	nia				1 we	esk
Conditions, if a gaye rise to i	mmediate (postatic pn	oum	onia				l yes	ar
cotse (o), stoting lying cause lost.	me under-		S.C.V.D.						10 V	nc
PART II. OT				H SUT	NOT RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIVE	EN IN PART	1(o) 19. W/	
PART II. OT	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURREC). (Enter nature of injury in Po	ort I or Por	t II of item 18.}			
20c. TIME OF INJUS Hour o. m. p. m.		While	NJURY OCCURRED Not while of work	Oe. PLA foc	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City	or town)	{Co	unty)	(State)
21. I certify th	at I ottended the	decegn	ed from Jamua;	177.	26., 19.66, to Fel	muar	y_3_, 19_66	"that I lo	ist saw th	ne deceased
	brus ry 3			leash	occurred ot 5:451	OM, from		nd an the	e date st	
PHYSICIAN'S	R. V. Houck	, Jr.	M.D.		Sykesville		yland			
220. BURIAL, CREMATIC REMOVAL (Specify) Burlal	2/5/66		22c. NAME OF CEMET			22d. LOCA	TION (C ly, lown, o Ltimore,	r county)		tole)
23. FUNERAL DIRECTOR	Signature Schlaidt	2	ADDRESS Owings M	[41]	Ls. Md DATE	BY REGIS	TRAR 246. REGIS	TRAR'S SIGN	NATURE	
-11/1	co con and		Autuen II	e dayley v	THE PARTY	- is	220	142	يران المراز ا	



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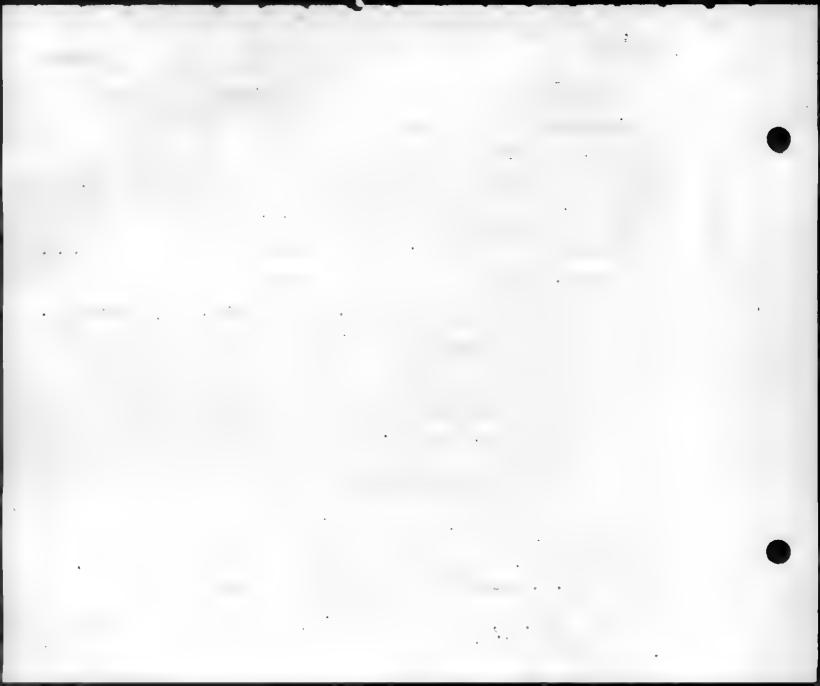
and completely filled in by the funeral enove carbon papers. Pages, 1 and 2 my event, within 72 hours after death. TO HOSFITAL OR ATTENDING PRYSHAM The law requires that the Math certificate be exemuted within 24 hours after Death.

Fage 4 may be retained by the Dospital or attending Physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then pleases should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	12143			CERTIFICAT	E OF DEATH		02000 .
1.	PLACE OF DEAT	Н				(Where deceased lived, If Institution	Residence Sectore admission)
		rroll		MARYLAND	a. STATE	b. COUNTY Land Carr	A3.1
	b. CITY DR TOW Write RURAL	N (if outside corporat and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IT	outside corporate limits, write ROF	(AL and give nearest town)
	Middl	eburg	M CC and In the	5weeks spital, give street address)	Rura	1 Taneytown	e. IS RESIDENCE
					d. STREET ADDRESS		ON A FARM?
-	Brookfi NAME OF	eld Manor N					YES X NO
3.	DECEASED (Type or print)		rst	Middle	Last	4. DATE Month	Day Year
5.	SEX SEX	Myrtl 6. COLOR OR RACE			ignan 8. DATE OF BIRTH	19. ACE (In years FUND	19, 19 66 ER 1 YEAR IF UNDER 24 HRS.
F	emale	White	WIDOWED	DIVORCED		last birthday) Month	s Days Hours Min.
		IDN (Give kind of work) ling life, even if retired		ND DF BUSINESS OR	May 30, 188		CITIZEN OF WHAT
dur		4 4		DUSTRY			COUNTRY?
13.	HOUSEW!		UWI	home	14. MOTHER'S MAIDE	e. West Virginia N NAME	U.S.A.
	Edwa	rd B. Mille	r		Laura E.	Pugh	
	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITYND. 17.	INFORMANT	Address	
(16	No No	(11 Acz flise wat or owiez n	1 service)	Mr	Jack C. Je	nkins, R #1. Tane	vtown.Md.
Ĩ				ne for (a), (b), and (c).]	7)	^	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Br	Pateral	15mana	Ro Dneuwonie	UNSET AND DESTIN
	+91,	K DUE	TD			/	
	Conditions, If gave rise to		(p)				
-	cause (a), s	tating the DUE	TO				
2	underlying caus	- Tables about	(c)	TING TO DEATH DUTSION DELA	TED TOTHE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1	(a) 119, WAS AUTOPSY
ATI		COTTO -	O	ING TO DEATH BUT NOT RELA	I L O THE TERMINAL DI	4.5	PERFORMED?
읦	2Da ACCIDENT	WAS UNDERLYING	1 20b. DE	ESCRIBE HOW INCIDEN OCCI	IRRED (Enter pature of	There 5 clerose	7
CERTIFICATION	OR CONTRIBUTI	ING [] CAUSE OF DEA TIFY MEDICAL EXAMI	TH	LOS HOW HOWEL COOK	MILLET (CHOQI) MILLETO VI	mjery in rate i or rate ii or itom	****
CAL		INJURY Month, Day,	Year 2Dd. IN	JURY OCCURRED 20e. PLA	CE DF INJURY (Home, far	m, 20f. (City or town) (County) (State)
MEDICAL	Hour au pu		While at work	Mot while	fy, street, onice blug., et	1 1	
		- /) { 10 37 C	d the deceased from	19/44 19		
	saw the de	ceased alive on_is	119 166	19, and that	t death occurred at Z	M, from the causes and o	n the date stated above.
	ZZZ. SIGNATU.	AHA! C	arico	40 M.D	ATTENDING M	IED. STAFF 2	19/66
	22c. PHYSICH		d O -		22d. ADDRÉSS		1 -1
	-1/	J. n. Ga				ldge, Maryland	
23a	REMOVAL (Sp	ecify)		23c. NAME OF CEMETERY		23d. LOCATION (City, town or	
24.	Burial FUNERAL DIRE		2,1966	Camp Hill Cen	netery	Paw Paw West V	ireinie ARS SIGNATURE
C	0.Fuss	total to	grills	Taneytown Ma		i a	las Judge
4	A OT. COO J	K MOII		Taries rowii Mis	TLATBUU DIGIT"	40 000 15	-

VR #15 (4) 20M 1/65



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmiss on) a. COUNTY COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits outside corporate write RURAL and give neerest town ON A FARM? YES NO Z 3. -NAME OF Middle Month Day Year DECEASED (Type or print) DEATH 19 and co 5. SEX AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS Jast birthday) Months WIDOWFD DIVORCED USUAL OCCUPATION (Give kind of work during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORT (Yes, no, or unkown) ((Nyesgivawarordates of service 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO EART UMBTIC H DISFASE Conditions, if any, which gave rise to immediate cause DUE TO (e), slating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERT. FICATION 8 O PERFORMED? NO 20b. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 19 p.m 1940. (that (I) (we) last deceased from.... 226. DATE 22a SIGNATU SIGNED 6 ATTENDING director, page 3 PHYS. (Stata) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61

I AND STATE DEPARTMENT OF HEALTH

funeral should

complete

physician

attending ₽

been signed by the permit.

After this certificate has

DIRECTOR:

HOSPITA

the

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defached

aftending

hospital or

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02150 CERTIFICATE OF DEATH

-1-			0.01
1	1.	PLACE OF CEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
١		MARYLAND	8. STATE b. COUNTY ("CRRC //
		b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1		write RURAL and give nearest town)	·5. h
-	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in agepital, give street address)	d. STREET AOORESS 9. IS RESIDENCE
Т		d. HAME OF HOSPITAL OR INSTITUTION (IT NOT IN BUSPICAL, give street address)	ON A FARM?
1	_	Lairell levily Jenual	Person New YES NO [
ı	3.	NAME OF First Middle	Last 4. GATE Month Oay Year
		(Type or print) I Ear Hiler	HUSTIN DEATH 32 1966
	5,	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hpurs Min.
		WIOOWED DIVORCEO	2/1/66 last birthday) Months Days Hours Min.
ľ	10a	. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
П	gur	ing most of working life, even if retired) INDUSTRY	Carrell Ind COUNTRY?
ŀ	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı		Donald C. DUSTIN	LaNANNA WEAKLEY
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
ľ	(Ye	s, no, or unkown) (If yes give war or dates of service)	. Donald Dustin, Same as #2
-	-		
ı		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I, OEATH WAS CAUSED BY:	A INTERVAL BETWEEN ONSET AND DEATH
ı		IMMEDIATE CAUSE (a) Neumania	Hyperation of Meconium Burn
1	ŀ	1610 DUE TO 1	
П			Treen and In Trail Terme distros Derth
П	ı	gave rise to Immediate (cause (a), stating the DUE TO	2 4
1		underlying cause last. (c) telepita for	week Burn
ı	Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Л	S		PERFORMEO?
1		20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
- 4	CERTIFICATION	OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1		wille not write	ry, street, office bldg., etc.)
1	≥		6) / 40// 4 5) = 1 40 // 41 / 10 / 10 /
H	- [21. I certify that (I) (this heepitel) attended the deceased from	32-/, 196, to 3-/, 196, that (1) (we) last
1		saw the deceased alive on 1964, and that	death occurred at 12 M, from the causes and on the date stated above.
П	ı	h1 / 9	7
П		M.D. M.D.	PHYS. DIRECTOR PHYS. 2/2/22 PATH,
		22c. PHYSICIAN'S NAME (Type) KAPI M. Green MD.	171 Face field Ave, Westmister
ı	23a		
		FEB. 5.1966 Emmanual Chur	rch Cemetery, Scaggsville, Maryland
1		FUNERAL OIRECTOR ADDRESS	1 252. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	H	arold S. Wade, 550 Wash. Blvd., Laurel Mary	1966 Thanks Judge
1		Marr	rland lunis

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carlion papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removel, and any event, within 72 hours after geath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the Bospital or attending physician.

> VR A15 15 (4) 1/65

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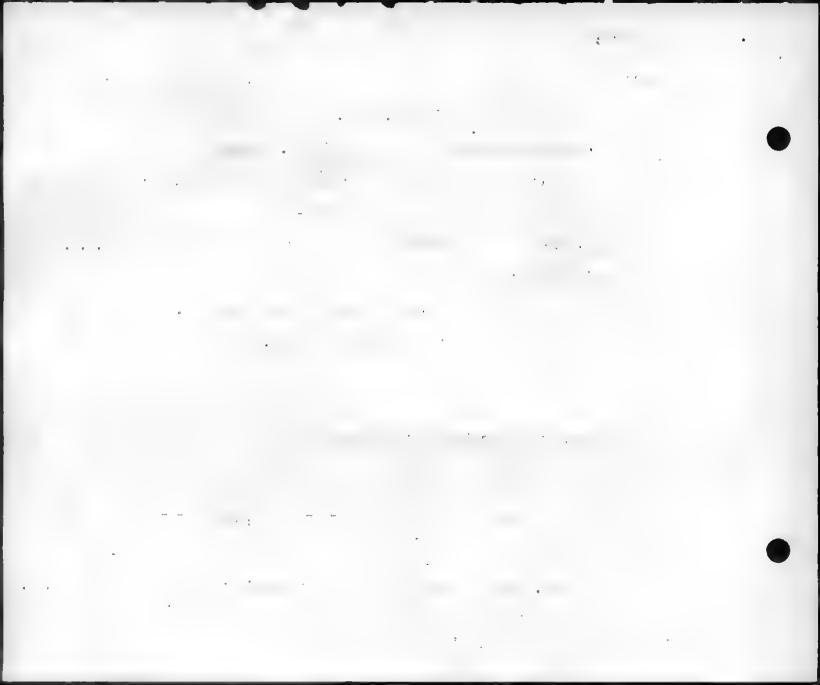


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	M	ARYLAND STATE DE	PARTMENT OF HEALTH	
	02151	ESEARCH AND RECORD CERTIFICAT	EPARTMENT OF HEALTH is, 301 w. preston street, baltimore 1 I'E OF DEATH	, MARYLAND ()21()2
1.	PLACE OF DEATH (2110)]	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) Sykesville		c. CITY OR TOWN (If outside corporate limits, write RU	
	d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
_	Springfield State Hospi	tal	125 N. Broadway	YES NO
3.	NAME DF First DECEASED	Middle (FREE	Dr.	Day Year
Ť	SEX 6. COLOR OR RACE . 7 MAG		riedman DEATH Febuary	6 19 66
7	7. man		last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.
10	111111111111111111111111111111111111111	DIVORCED DIVORCED DIVORCED	8-21-1900 65 yrs.	. CITIZEN OF WHAT
du	ing most of working life, even if retired)	INDUSTRY		COUNTRY?
13	Whiskey Salesman	ENXBUK WHISKEY	Maryland BALTIMORE	U.S.A.
	Philip Friedman			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	I ROSA Address	
(1)	(If yes give war or dates of service)	UNKnown Su	ringfield State Hosm. Records	
-	18. CAUSE DF DEATH [Enter only one cause		TATELLE LE LA LOS LA LEGIONE	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate (b) DUE TO	Bronchopneumor	nia (Extensive)	Days
	underlying cause last. (c)			
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED
MEDICAL	Hour a.m.		ACE OF INJURY (Home, farm, tory, street, office bidg., etc.)	(County) (State)
	21. I certify that (I) (this hespital) at	tended the deceased from	6-11- , 19-54, to 2-6- , 19	966_, that (I) (we) last
	saw the deceased alive on	19 and the	at death occurred at 230M, from the causes and o	n the date stated above.
	22a. SIGNATURE	A Duis	ATTENDING MED. STAFF	-6-66
	22c. PHYSICIAN'S	M. M.	DIRECTOR PHYS. 4 22d. ADDRESS	
	NAME (Type) Dr. Octavi	Ruiz	Springfield State Hosp. Sy	kesville,MD.
238	BURIAL CREMATION, 23b. DATE THEREOF BURIAL Specify) 2/8/66	BETH JACOB A	RY OR CREMATORY 23d. LOCATION (City, town or ROSEDALE, MAR!	y LAND (State)
	. FUNERAL DIRECTOR OL LEVINSON & BROS.INC.	6010 REISTERSTOW	240	Les Judge

1966

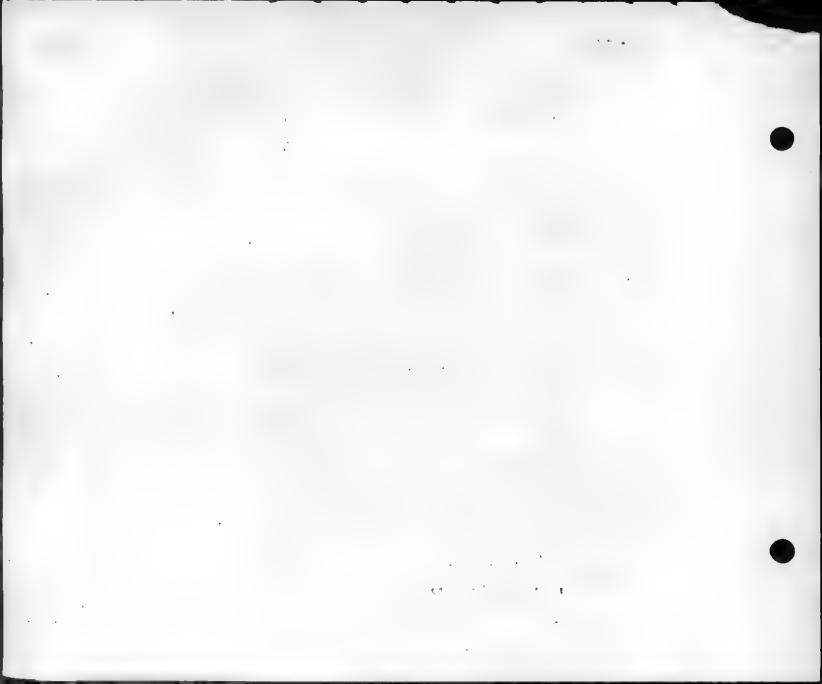
AI5 (4) W 1/65 VR A



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VR AI5 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02152
CERTIFICATE OF DEATH

万.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Re	esidence before admission)
	a. CDUNTY	a. STATE b. COUNTY	- 44 ///
	Carale MARYLAND	Mill. (Va	ELUCE
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Kural-Charmoulle defle	Thurst Septemble	-
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		10.1194	ON A FARM?
_		1266	YES NO
3.	NAME DF First Middle	Last 4. DATE Month	Day Year
	(Type or print) ESLA FRIZ	Z ELD DEATH FLEG	2 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
2	Turnolo Tukito WIDOWED I DIVORCED I	411/2 74 18 19 19	Days Hours Min.
1Da	a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or Foreign country) 12. CI	TIZEN OF WHAT
dur	ring most of working life, even if retired) INDUSTRY		UNTRY?
17	FATHER'S NAME	1/42, 71	S.A.
13.	TATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
9	Himas Taylow Mrusell	dorel limander That	(6)
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address	,4/
(Ye	es, no, or unkown) (If yes give war or dates of service)	Le front 18 mm y'	Fir Find
	none III	is Thank H. Kilsty - Will	posturate 14
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE C.	ARDIOVASCULAR DISEASÉ	30+ yrs.
	443X DUE TO		
	Conditions if any which the GENERAL ARTERIO	OSCLEROSIS	30+ yrs _
	gave rise to immediate		70. 320
	cause (a), stating the DUE TO	E CHANGES	
z	underlying cause last.) (c) ADVANCED SENII		Lea Hill a Hill park
110	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
ICA			YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
CER	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, farm, 1 20f. (City or town) (Cou	nty) (State)
EDICAL	Hour a.m. While - Not While -	ry, street, office bldg., etc.)	(State)
=	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	1935 19 to 2/Feb/, 1966	that (i) (we) last
		death occurred at 2:45 PMrom the causes and on the	·
	22a. SIGNATURE		ATE SIGNED
	M.C.	ATTENDING MED. STAFF 2/Fe	b/66
		22d. ADDRESS	20/00
	NAME (Type)	44	lawerland
23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CRIMAATORY 23d. LOCATION (City, town or cou	inty) (State)
	mula 2-3-66 Atteller	in Syrisoll Vrister	16. Fred
24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
1	Tutto on Stallant Surficeally T	nd, DITEB 7 1966 peliarle	Judge
12	modern 1: Alexander Administration (1)	THE DIE TOUR	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

e. IS RESIDENCE

YES

ON A FARM?

Year

1966

PERFORMED?

NO K

(State)

(State)

Hours

NO X

VR A15 (4) 15M 4-64

hours after death,

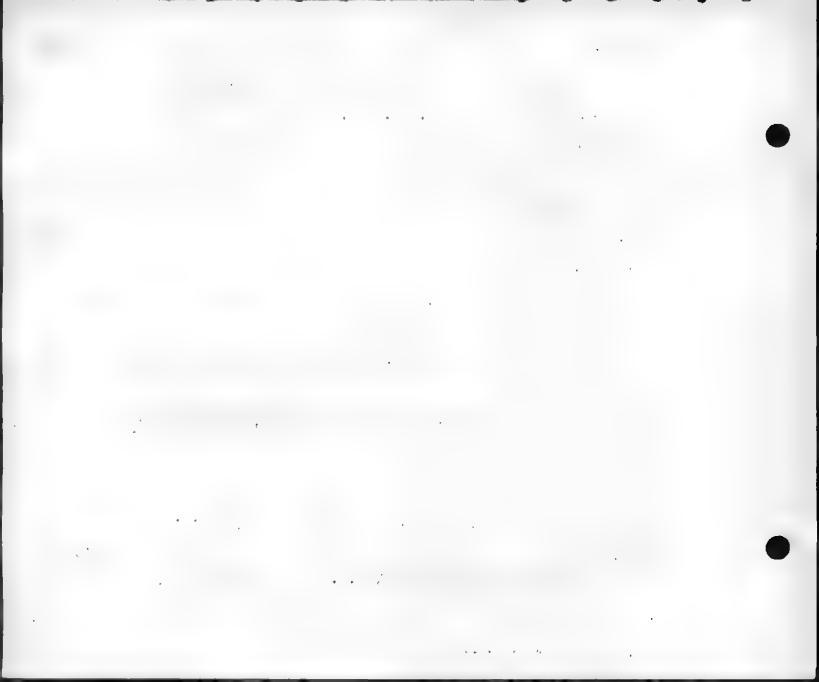
The law requires that the death certificate be executed within



VR AIS (4) 18

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CIAU	4	CERTIFICAL	E OF DEATH		1121115
1. PLACE OF D a. COUNTY	ATH			E (Where deceased lived, 11 institution: I	Residence before admission)
a. Counti	Carroll	MARYLAND	a. STATE	ryland b. COUNTY	\checkmark
b. CITY OR	OWN (if outside corporate limits, IAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAI	Lend give nearest town)
Rural	vkesville	12y. 5m. 27d.	Baltimore		g n
d. NAME OF	HOSPITAL OR INSTITUTION (If not	in hospital, give street eddress)	d. STREET ADORESS		e. IS RESIDENCE ON A FARM?
	ield State Hosp	ital	303 Imla	Street	YES NO
3. NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or pri	·	eth - G	ilden	DEATH 2	7 1966
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUNDER last pirthday) Months i	1 YEAR IF UNDER 24 HRS.
female		ED DIVORCEO	9/28/79	last birthday) Months	Oays Hours Min.
10a. USUAL OCCU	PATION (Give kind of work done 10 orking life, even if retired)	NOUSTRY			ITIZEN OF WHAT
Housew	.fe	HOUSTRI	Marylan	d.	USA
13. FATHER'S	AME		14. MOTHER'S MAIO	EN NAME	
John 1	irmstein		Barbara Wel	ch	
15. WAS DECEAS	ED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
110	i) (If yes give war or dates of service)	none known Spr	ingfield S	tate Hospital rec	ords
18. CAUSE	OF DEATH [Enter only one cause p	er line for (a), (b), end (c), 1		-	I INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	Cardiac faily	77.0		ONSET AND DEATH
H 3	IMMEDIATE CAUSE (a)	ANT GAMO TOTTO	17.40		uay e
/ /	If any which \	Arteriosclero	tic cardio	ascular disease	years
gave rise	to Immediate (
cause (a), underlying	stating the OUE TO				
	1 (6)	LIBITING TO OFATH BUT NOT BEL	TEO TO THE TERMINAL D	IS EASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
PART II. OTH Chron: nutri 20a. Accidi GR CONTRIE (IF EITHER,	c brain syndrom	e, with changes	of growth	metabolism or	PERFORMEO?
20a. ACCIDI	NT WAS UNDERLYING TO 201			Injury In Part I or Part II of Item 18	
OR CONTRIE	UTING CAUSE OF OFATH NOTIFY MEDICAL EXAMINER)				
롯 20c. TIME	OF INJURY Month, Oay, Year 20	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fai	rm, 20f. (City or town) (Cor	unty) (State)
ZOC. TIME Hour		ILLE COLLABOR MUNIC COL	ory, street, office bldg., et	(c.)	
	p.m. 19 (at this hospital) atte	work at work	8/10/ 19	53 to 2/7/ 196	6, that # (we) last
1	deceased alive on 2/2	19_66_ and that		0:50 from the causes and on t	the date stated above.
22a: SIGN/	TURE	/ /		22b. (DATE SIGNED
-0280	21 De Den	MI Company). PHYS.	MED. STAFF	2/\$/66
	CIAN'S (Type) 31-4 The state		22d. ADORESS S	0	Hospital
TOSINI.	(Type) Naci Nejat	Buyukunsak, M.	9.	Sykesville, Maryl	and
23a. BURIAL, C REMOVAL	EMATION, 23b. DATE THEREOF Soecify)	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
Rurial	2/10/66	Holy Redeeme	r Cemetery	Baltimore OBY REGISTRAR 25b. REGISTRAR	Md
	RECTOR LILLY, Preside	Hr TAOT Fascer	II HAC	OVEL	vles Judge.
1 T Z T T A	Zeiler Inc. F. H	Raltimore.	1. Md. DATE FF	B 1 4 1966 **********************************	100 1



death. Page 4. by be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ceruicale be exceeded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event will not a site death.

MARYLAND STATE DEPARTMENT OF HIGHTH

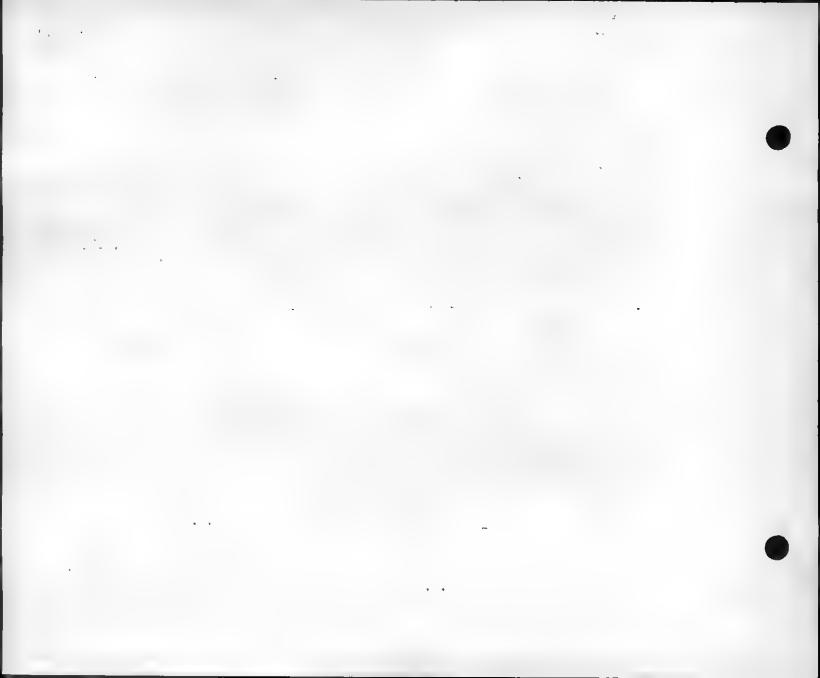
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ΛN		02155 CERTIFICA	TE OF DEATH	02106
11/		PLACE OF DEATH	Il 2. USUAL RESIDENCE (Where deceased lived, if institution	on, Residence before admission)
		a. COUNTY	a. STATE b. CQUINTY	J
	<u> </u>	MARYLAND MARYLAND	MARY LAND HARF	
		b. CITY OR TOWN it autide corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA.	end give neerest lown)
		- A Glassill will	MBINGDON	1.*
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give/street eddress)	d. STREET ADDRESS	. IS RESIDENCE
7 3	^	Hila in A with the vice	HION BAKER	ON A FARM?
	3.	NAME OF Middle	Last 4. DATE Month	Day Year
		(Type or print)	DEATH THE	11 1011
1		Leter +	CH- Th	196
	, J.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9/ AGE (In years IF UND	
	1	Terrible Mint + WIDOWED DIVORCED	Nov 14, 188 /4 m.	
	HOS	WOULD COUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
		one during most at working life even if refired)	DRYTAN Md.	
	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Harmy Danieron	To a 11 Thomas	^/
	915	TENTRY 1-7-DISTEDIETS	LDA V /HOMPS OF	V
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. as, no, or unknown) (If yas give were dates of service)		1 1
		No None A	LVIN B GORDON, 4102 BAK	ER HUE, HOING.
	٦	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	7	NTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	the I at well take	ONSET AND DEATH
		1/1/1/	and defentil line	
		449 X DUE TO	to sa Steller di.	1 3
		Conditions, if any, which (b)	1 4 x Chill LL.	£
		(a), stating the underlying DUE TO	~ //	A
		cause lest. (c)	the true it witten	
	N O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE YERMINAY DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Ě		•	YES NO
part of the same o	INC.	206. ACCIDENT WAS UNDERLYING - 206. DESCRIBE HOW INJURY OCCUR	ED. (Enter natura of injury in Part I or Part II of Itam IB.)	
	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	MEDICAL		ectory, street, office bldg., etc.)	(Contra) (Siere)
	WE	p m. 19 af work at work	1	E of
		21. I certify that (I) (this hospital) attended the deceased from	Jan 12 1964 10 July	19,4,0, that (!) (we) last
			death occured a 222 (M, from the causes and c	
		22% SIGNATURE	a defin occaso significant from the course bird	22b. DATE
		and if My the	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
- 1		226, PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	
		NAME (Typh) / / / / T//	226. ADDRESS	exemper of
			- The wife graph	use to the
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
		BURIAL 2-4-60 LINTHICU	M CHAREL CLARKS VIL	LE, MA
()	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAL	R'S SIGNATURE
All	1	F.C. HIGINBOTHOM, FILLATT CIN	Md .FEB 7 1966 Film	rees Judge
\$	_	-1. m. 150 1 100 1 100 1 100 1	119 104120	= V =

VR A15 (4)



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	[M]	02156 CERTIFICATE OF DEATH
hours after death	funeral and 2 r death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission and the state of th
75	e fu 1 2 er d	a. COUNTY Carroll MARYLAND a. STATE Maryland B. COUNTY Baltimore City
affe	y th iges affi	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
SINC	in by the fis. Pages 1. hours after	Sykesville Baltimore
74 h	filled papers. In 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FARM
	大量を	Springfield State Hospital 600 Willow Avenue YES ND
be executed within	completely filled ove carbon papers y event, within 72	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) WILLIAM THOMAS GORDON OF DEATH February 4 19 66
ted	comp re co	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F UNDER 24H
хесп	and cor remove any eve	Mate white Widowed PG Divorced 3-25-1875 90 yrs.
φ. •Ω	ian s	10a, USUAL OCCUPATION (Give kind of workdone) 10b, KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	prease i	Factory Worker England UNaturalized 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5	Iding pm Then premoval,	William Gordon Ann ?
cent	rer Ter	15 WAS DECEASED EVER INIT'S ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address
The law requires that the death certificate	idin. d by the attentransit permit. cremation, or r	(Yes, no, or unknown) (If yes give war or dates of service) Unk. 213-10-1790 Records, Springfield State Hospital
-6	the ratio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEE ONSET AND DEAT
丰	an. d by ransi crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with congestive Years
#	r pnysician. in signed by t burial-transit burial, crema	4200 DUE TO failure
mire.	ng pn een si ie bur to bu	Conditions, if any, which gave rise to immediate (b)
Ted:	ttending private per as the burior to be	cause (a), stating the DUE TO underlying cause last. (c)
<u> a</u> ₩	atten has e as h prid	
뢭.	al or attificate hitor use	YES NO
Ž.	= + +	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
YSIG	the nosp this cer fetached Dept. o	
ATTENDING PHYSICIAN:	After til After til d be de State I	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, lambda at work at
NI OF	D ~ 73	A - 1 2 2 2 1 - 6 5
	Shouth the	21. I certify that (I) (this hospital) attended the deceased from 8-24-65, 39-30 Ato M. from the causes and on the date stated about 22a SIGNATURE.
U a	TM (1) 22	ATTENDING MED STAFE
		22d ADDRESS C
SPIT	age 4 mai	NAME (Type) Antonius Glahn, N.D. Sykasville, Maryland
TO HOSPITAL	To Funeral director, p should be	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2/8-6-6 Cathedral Cemetry / Fallowere Med
	R A15 (4)	24. FUNERAL DIRECTOR ADDRESS SIGNATURE STANDARD SIGNATURE DATE BO 7 1968 Florilles Judge
1	5M 4-64	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and physician and physician and in by the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please found carbon papers. Pages 1 and 8 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

VR A15 (4) 20M 1/65

02157 CERTIFICATE OF DEATH	
	130
UZID CERTIFICATE OF DEATH	UA

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
MAN A SHARE AND	8. STATE Md. b. COUNTY
b. CHTY OR TOWN (If outside corporate limits, your RURAL and give nearest town)	c. CITY DR TDWN (if outside corporate limits, write RURAL end give nearest town)
Moral triol lad	Baltimore 21215
A. NAME OF HOSPITAL OR INSTITUTION (if not to hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
Boudfine Estates House	3226 W. Garrison Ave.
3. NAME OF DECEASED PETER MIDDLE	Last 4. DATE Month Day Year
(Type or print) Edith Dorsuch	0FATH ~ / 4/ / / 10 / 6
11 MARKED 1	8. DATE DF BIRTH. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2 last birthday) Months Days Hours Min.
White WIDDWED DIVDRGED 10a. USUAL DCCUPATION (Give kind of work done 1 tob. Kind of Business DR	The state of the s
10b. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN DF WHAT COUNTRY?
Clerk Hecht Dept. Sto	re Baltimore U.S.A.
	14. MOTHER'S MAIDEN NAME
Hilliam Lyon Mellone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17.	Hannah Matilda Inich
(Tes, no, or unknown) (If yes give war or dates of service)	Pikesville
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), ang/(c).]	LeRoy Gorsuch-411 Milford Mill Rd.
PART I. DEATH WAS GAUSED BY:	INTERVAL BETWEEN DNSKT AND DEATH
IMMEDIATE CAUSE (a)	nging & country 1910-
Conditions, if ony, which is	Herring to
gave rise to immediate	my manuscus.
cause (a), stating the DUE TD underlying cause last.	A Centero Selection 9
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART H. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY DCCL DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO NO
208, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCL	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
E laure e e la facto	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Mhile Not While p.m. 19 at work at work	1
21. I certify that (I) (this hospital) attended the deceased from	15, 1966, to 111-22, 1966, that (1) (we) last
	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
22c. PHYSICIAN'S M.D.). PHYS. X DIRECTOR PHYS.
NAME (Type) A A A L GT I NO	22d. ADDRESS
238. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER)	DR CREMATDRY 23d. LOCATION (City, town or county) (State)
REMDVAL (Specify)	
Burial 2/25/66 Loudon Park	
Loring Byers-2728 Liberty Rd. Randallsto	onen, Martie B ? 3 1838 - Per Judge

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FOR STATE HEALTH DEPT

Chief 40 should DIRECTOR: Page 4 : for your FUNERAL I

please en director. retained

Of of

IM A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **b. COUNTY** Maryl and Carrol 3 Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearast town) Owings Mills Svkesville 1 month d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS Springfield State Hospital 17 Walk Avenue NAME OF DATE Middle Month DECEASED GUNTER DEATH (Type or print) BELL February 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH 7. MARRIEO T NEVER MARRIEO last birthday) | Months | Days Female White WIDOWED l and 12. CITIZEN OF WHA 10e. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INOUSTRY COUNTRY? U.S.A. Oklahoma Housewife 13. FATHER'S NAME any pages in any 14. MOTHER'S MAIDEN NAME Mandy Hildeberry H. B. Arterberry File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes. no. or unkown) (If yes give war or dates of service) Records, Springfield State Hospital Unknown No 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c). PART I. OEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, **OUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the used as a underlying cause last, CERTIFICATION 3 should be agent, prior 1 208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20e, PLACE ON INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY DCCURRED Pactory, state Not While JIRECTOR: Page : its designated a at work at work 21. I certify that I took charge of the remains described above, he'd an Autopsy Inspection Mouiry Homicide Undetermined manner death resulted from: Natural causi Accident Suicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 0

Glenn Speigner, K.D. EXAMINER'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. OATE THEREOF 2-26-66 Evergreen Memorial Gardens Finksburg, Md. REC'O BY REGISTRAR J. F. Eline & Sons. Reisterstown, Md.

a. IS RESIDENCE ON A FARM? ND Se

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO TV

(State)

PERFORMED?

and in my opinion

YES

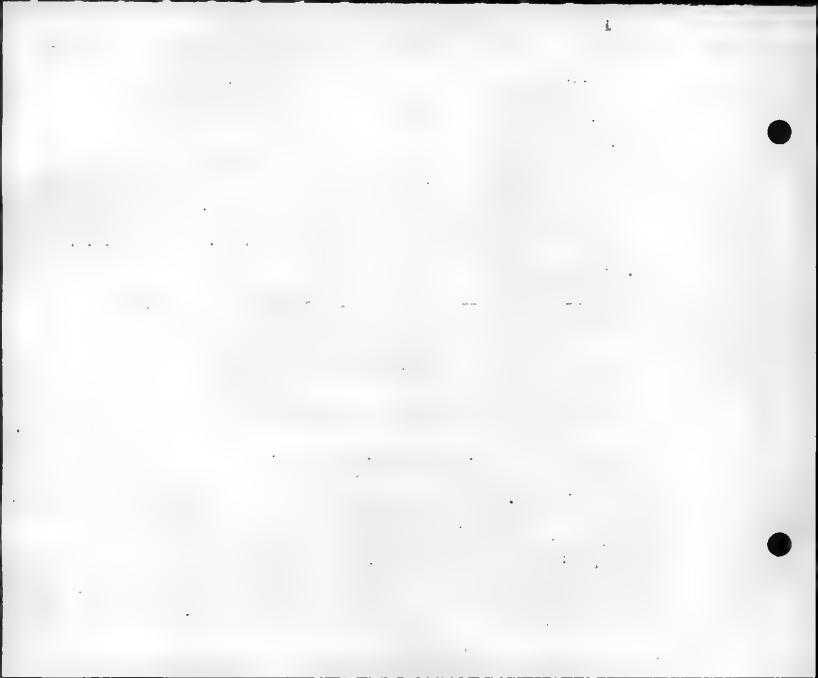
66

YES



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE Carroll Maryland Carroll MARYLAND the funeral 5 may be Department after death CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Westminster Westminster vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE d. STREET ADDRESS DN A FARM? - c 8 State near Gist Road 225 Smith Avenue ND X YES NAME OF First Last DATE Month Year Middle 4. Day DECEASED 23 1966 RANDY WALTER HALL February (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIEO 5. SEX OATE OF BIRTH AGE (In years | If UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED K E last birthdey) Months Days Hours after death. male white April 13. WIDOWED [**CIVORCED** 1960 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT Give COUNTRY? Gettysburh. Pa. U.S.A. АШВ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BE Item 1 A. Richard Hall Charlene Halm File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (1f yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I the certificate, writing the word "pending" in pencil life 4 should be forwarded to the Chief Medical Examiner's A. Richard Hall same 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, **OUE TO** Conditions, if any, which gave rise to immediate **OUE TO** ceuse (a), steting the underlying cause lest. used as to burial WAS AUTOPSY ICATION PART II. OTHER SIGNIFICANT CONCITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES T ND A CERTIF 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCUPRED, (Epper nature of Injury In Part 1 or Part II of Ueh 18.) 절 0 3 should agent, p 200. INJURY OCCURRED | 200. PLACE DF INJURY (Home, farm, MEDICAL TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, off ce bldg., etc.) 1966 While Not While at work aunes JIRECTOR: Page its designated a 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion DIRECTOR: Natural eauses Suicide Homicide Undetermined manner death resulted from: Accident execute the r. Page 4 s d for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 0 director. Pare retained for or FUNERAL 1 of Health or EXAMINER'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) o to REMOVAL (Specify) Cemetery 25a. REC'D BY REGISTRAR 2/26/66 nr Westminster Meadow Branch Md burial 24. FUNERAL OIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE VR ALSME (5) 1/65

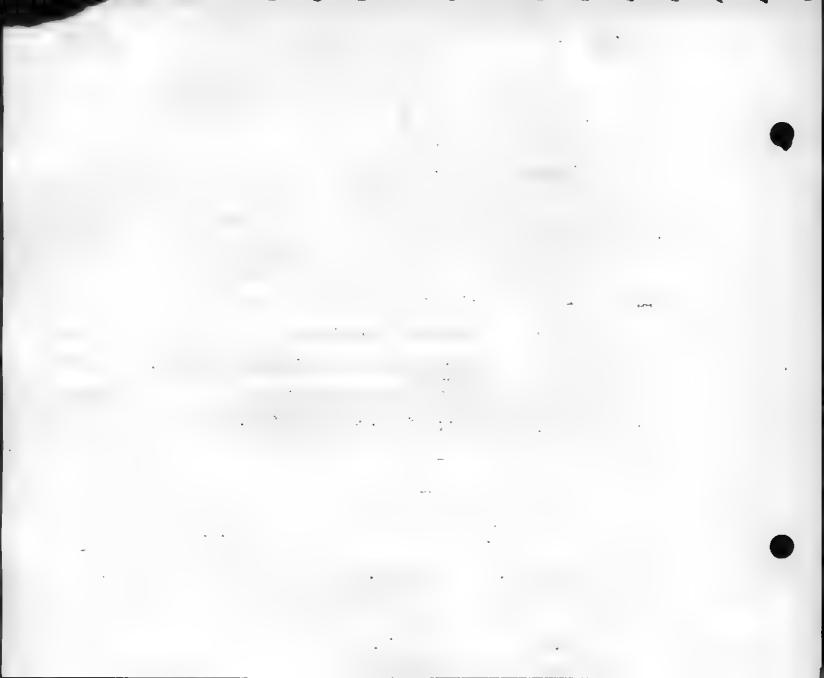
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02160 CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
a. CDUNTY Carroll MARYLAND	Maryland 21530 Allegany				
b. CITY DR TOWN (if outside corporate limits, (Rural) Calca and give nearest town) Ov Om 233	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
(Rural) Sykesyille Dy Om 23d	Flintstone /				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
Springfield State Hospital	unknown YES NO K				
3. NAME OF DECEASED MAURICE Woodward	Last 4. DATE Month Day Year				
(Type or print) PALUTLEGE WOODWATO	naresuck DEATH 2 0 19 00				
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
male white widowed Divorced	4-11-00 65 yrs. Months Days Hours Min.				
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Bulldozer operator	Maryland USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Ensley Hartsock	Clara Willison				
	INFORMANT Address				
(Yes, no, or unknown) (If yes give war or dates of service) 211-05-57.76 F	Mospital Records				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: Congestive Heart	PART I, DEATH WAS CAUSED BY: Concestive Heart failure				
420 DUE TO					
I condition if any which is Informative myconomical fibracis with adhesive Nakonomi					
gave rise to immediate					
cause (a), stating the	heart disease years				
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY				
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20b. ACCOURTE BUT ING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Item 18.)					
2Da. ACCIDENT WAS UNDERLYING (1) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) B CR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20t. (City or town) (County) (State) ory, street, office bidg., etc.)				
ZDC. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tarm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4					
21. I certify that (1) (this hospital) attended the deceased from	1-15 , 1966 , to 28 , 1966 , that (It (we) last				
saw the deceased alive on 2-8 19.66, and the	at death occurred at 12: 16 from the causes and on the date stated above.				
22a, SIGNATURE	22b. DATE SIGNED				
Heinett Klaatuly cus M.	D. PHYS. MED. STAFF 2-8-66				
22c. PHYSICIAN'S					
22c. PHYSICIAN'S Heinz H Klastcah M D	22d. ADDRESS				
NAME (Type) Heinz H. Klaatsch, M.D.					
NAME (Type) Heinz H. Klaatsch, M.D.	Springfield State Hospital				
NAME (Type) Heinz H. Klaatsch, M.D. 23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER PEMOVAL (Specify)	22d. ADDRESS Springfield State Hospital				
NAME (Type) Heinz H. Klaatsch, M.D. 23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER REMOVAL (Specify)	22d. ADDRESS Springfield State Hospital YOR CREMATORY 23d. LOCATION (City, town or county) (State) rial Park Cumberland Rt3 Maryland 1 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE				
NAME (Type) Heinz H. Klaatsch, M.D. 23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER REMOVAL (Specify) 2/10/66 Sunset Memory	22d. ADDRESS Springfield State Hospital Y OR CREMATORY 23d. LOCATION (City, town or county) (State) rial Park Cumberland Rt3 Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				

1/65 VR ALS 2DM 1/



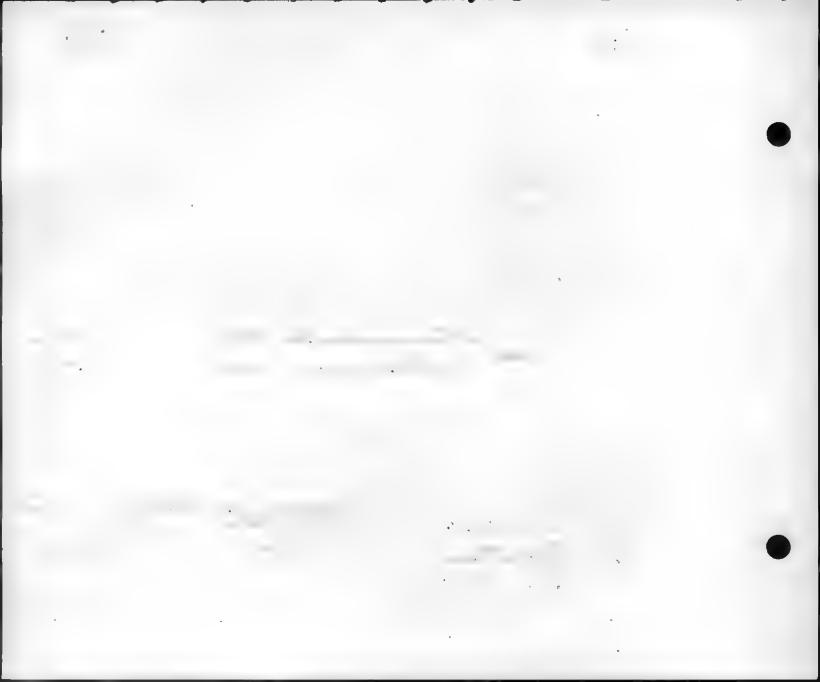
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in present, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02161 CERTIFICATE OF DEATH

1-	ONTO	OLICE IN TOXELL	O. PEATITI	U.A				
4 1	I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY					
	Carroll	MARYLAND	Mary	rroll				
		LENGTH OF STAY IN 15						
	New Windsor	years	New Wind					
I.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?					
_	Church Street		Church S	Street	YES NO DO			
3	B. NAME OF FIRST	Middle	Last 4	. DATE Month	Day Year			
Н	(Type or print) E) (+AP (IAP #	ISAN HOL	10-14	OF DEATH February	3 1966			
1	SEX 6. COLOR ON RACE 7. MARRIED	NEVER MARRIED 1 8		9. AGE (In years FUNDER				
н			7 00 70	PA 0 /	Days Hours Min.			
1	TICLE C. FILL CC.	OF BUSINESS OR	uly 22, 18	79 86 yrs. 12 Cl	TIZEN DE WHAT			
d	juring most of working life, even if retired) INDL	JSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHI					
_	farmer own	farm	Maryland USA					
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
L	Warwick C. Hough		Susanna Farguhar					
	Warwick C. Hough 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO: Yes, no, or unknown) (If yes give war or dates of service)	CIAL SECURITY NO. -17.	INFORMANT					
1		one Wil	lliam C. Ho	ough Rural-Ma				
-	18. CAUSE OF DEATH [Enter only one cause per line		TTTAM OF THE	Jugii Rulai-Ba	INTERVAL BETWEEN			
н	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
н	IMMEDIATE CAUSE (a)	year						
н	4221 mass							
Т	Conditions, If any, which) (b)	Leare						
	gave rise to immediate cause (a), stating the DUE TO							
Ш	underlying cause last. (c)							
5								
E				• •	PERFORMED?			
1	202. ACCIDENT WAS UNDERLYING IT 20b. DES	ODINE HOW INNING OCCU	DDED (Fator nature of In	Jury in Part I or Part II of Item 18.	YES NO			
ACCUTION TO THE	200. ACCIDENT WAS UNDERLYING 200. DES DR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJUST OCCU	KKED. (Enter nature of in	jury in Part 1 of Part II of Item 10.	,			
15	20c. TIME OF INJURY Month, Day, Year 20d. INJU		E OF INJURY (Home, farm	, 20f. (City or town) (Cou	nty) (State)			
1401076	Hour a.m. White	- NOT WHILE	y, street, office bldg., etc.)					
3	<u> </u>	at work	. 14 15	11. 7/3/1/	15-5-15-05-2-1-1			
н	21. I certify that (I) (this hospital) attended				, that (i) Post last			
П	saw the deceased alive on 2 /// (22a. SIGNATURE	19, and that	death occurred at	AM, from the causes and on the	he date stated above.			
	228. SIGNATURE		ATTENDINGME		ATE STRIVELL			
П	M.E. Kobertson	M.D.	PHYS. DIR	ECTOR PHYS	13/46			
н	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	173 - 3 Marine	7 3			
	M. E. Robertso	on	Nev	w Windsor, Mary	Tand			
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 2	23d. LOCATION (City, town or cou	inty) (State)					
		Union Bridge	dge Maryland					
24. FUNERAL DIRECTORY ADDRESS, ADDRESS, DATE: B 8 1556 Control of the Control of								



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MARYLAND STATE DEPARTMENT OF HEALTH

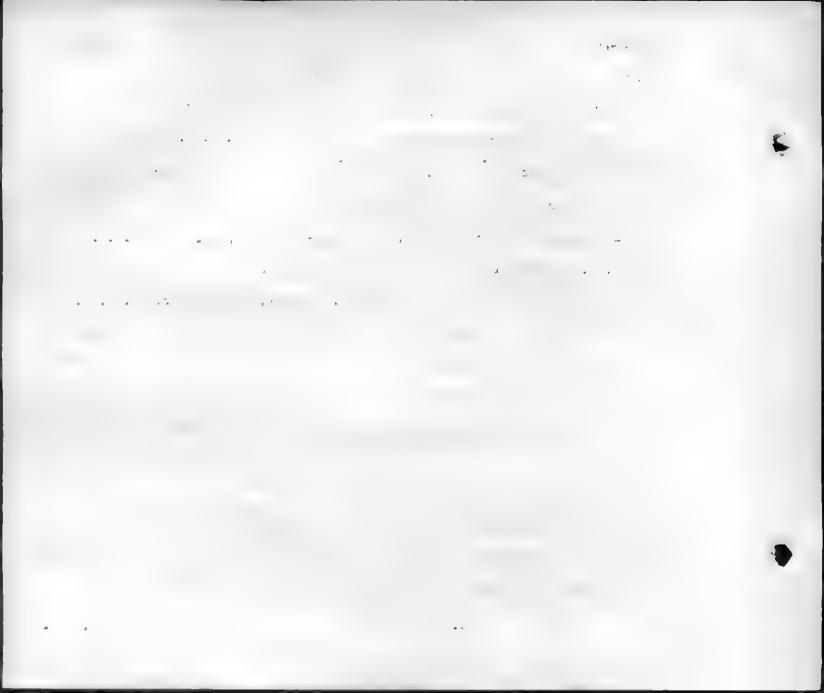
MORE 1, MARYLAND

/ISION	OF	STATISTICAL	RESEARCH	AND	RECORD!	·	BALTIA
		CE	RTIFIC	ATE	OF [)E/	HTA

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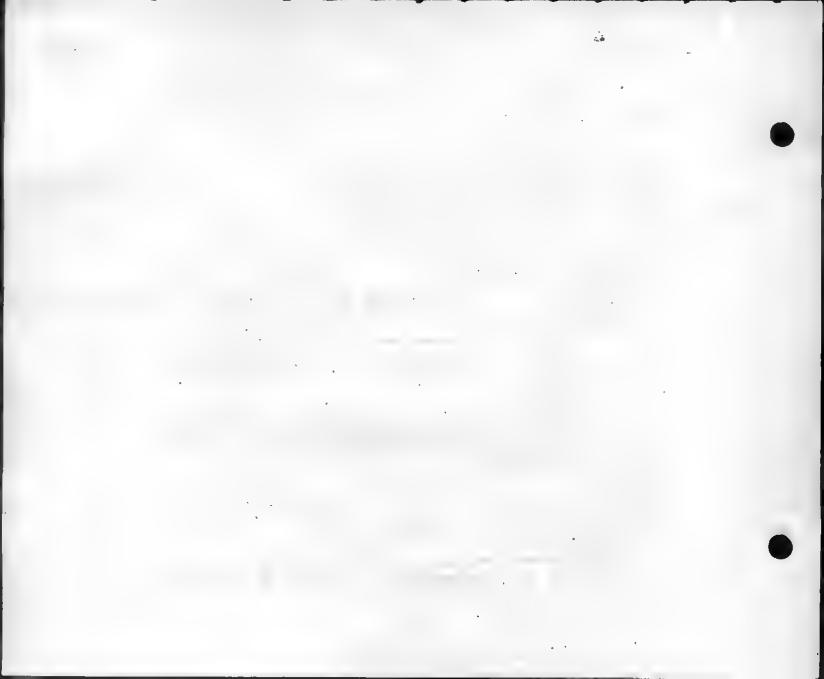
1. PLACE OF DEATH o. COUNTY Carroll b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleburg d, NAME OF HOSP,TAL (If not in hospital, give street address) OR INSTITUTION Brookfield Manor Nursing Home					2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY Carroll c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Westminster						
					3. NAME OF DECEASED (Type or print)	Martha Fi	st L	• Middle L.	Humb H	ert Lost	4. DATE OF DEATH
s sex Pemale	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE		5/26/1894		9. AGE (in years lost birthday) 71 yes	Months D	YEAR IF UNE	-	
during most of wo	100 USUA. OCCUPATION (Give kind of wark done during most of working life, even if retired) Housewife-Housework 13. FATHER'S NAME				STRY 11 BIRTHPLACE (State or foreign country) Carroll County, Md. 14. MOTHER'S MAIDEN NAME					COUNTR	
John 1	W. B. Flicki	nger			May Yei:	ser					
15. WAS DECEASED EN (Yes. no. or unknown)	VER IN U. 5 ARMED FOR (If yes, give wor or dates of		None	Joh	rmant n W. Humbe:	rt, Wes	Addr tminster		R. D.	2	
Conditions, if gave rise to cause (a), stolin lying cause los	ony, which immediate gethe under-) 1tm	fremia pertensia e phrosele						2 03	yrs yrs	
OR CONTRIBUTION	THER SIGNIFICANT CON VAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)	wer to	CONTRIBUTING TO DEA	terroz	deron; D	whote	is Millit	EN IN PART 1	PERF	S AUTOPS ORMED? NO S	
20c. TIME OF INJU Hour o. m p. m	10		NJURY OCCURRED Not while of work	20e. PLACE fector	OF INJURY (Home for, street, office bldg., e	rm, 20f (City	or town)	(Co	inty)	(Stof	
saw the dece	21.1 certify that (1) (this haspital) attended the deceased fram. John 16 , 1966, ta Feb 16 , 1966, that (1) (we) la saw the deceased alive an Feb 16 , 1966, and that death accurred at 8 P. M., fram the causes and on the date stated above										
220 SIGNATURE	ulan C	hope	ro	Мс		MED DIRECTOR	STAFF PHYS		2/17	22b. DATE SIGNE	
22c PHYS.CIAN S NAME (Type)	Julius CI	hepk	<0		22d ADDRESS 85		er, Md.	51			
230 BURIAL, CREMAT REMOVAL (Special BUTIAL)		OF TOTAL	St. Marys				ON (City, fown, or Run, Ci		,	Md.	
24 POBIERAL PIRECTO	OR'S SIGNATURE	10 0	PADDRESS	cun	PA DATE	C'D BY REGIST	RAR 256 REGJ	TRAR S SIGN	ATURE	copy .	

TO HOSPITAL OF VR A1S (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funer: and death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) hours oon papers. Pag within 72 hours Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? NO X within completely ve carbon p ve carbon event, with 3. NAME OF First DATE Middle Last Month Year DECEASED OF (Type or print) DEATH 1966 executed 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED 9. NEVER MARRIED [last birthday) | Months | Days MIDOMED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe. during most of working life, even if retired) INDUSTRY COUNTRY? ea an e attending physic permit. Then plea death certificate 13. FATHER'S NAME MOTHER'S MAJOEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes hive war or dates of service) ed by the att transit perm cremation, has been signed by the as the burial-transit prior to burial, cremati CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) retained by the hospital or attending physician. Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO X Cardio Vascula After this certing After the detached for 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from. that (!) (we) last and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. MED. DIRECTOR PHYS M.D. O HOSPITAL PHYSICIAN'S NAME (Type) ADDRESS 22d. BURIAL, CREMATION, 23b. DATE THEREDS NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS** 25a. 25b. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



ter

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09166

UNIUN	CERTIFICATE	OF DEATH		02115
PLACE OF DEATH		2. USUAL RESIDENCI	E (Where deceased lived, If instit	tution: Residence before, admission)
Carrol 1	MARYLAND	a. STALE	b. CDUNT	Y == v/
b. CITY DR TDWN (if outside corporate write RURAL and give nearest town	limits, c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If o	outside corporate (imits, write	RURAL end give nearest town)
Rural - Sykesyille				,
d. NAME OF HOSPITAL DR INSTITUTION	(if not in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
		419 ORIOL	E AVENUE 2122X4	DN A FARM?
Springfield State Hos		x2926xxiimxix	4. DATE Month	YES NOT
DECEASED	er Widdle	_	OF	
TO A COLUMN TO A C	Agnes	Jones B. DATE OF BIRTH	19. AGE (In years I IF	1966 UNDER 1 YEAR II FUNDER 24 HRS.
or open by the	THEY EN WARRIED		last birthday)	onths Deys Hours Min.
Female White	WIDOWED DIVORCED	9-17-81X 83	82 KK yrs.	
10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired	one 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (COL	inty & State, or foreign country)	12. CITIZEN DF WHAT COUNTRY?
Housewife	6045 G044	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
FYNNK JONESTHOMAS		THE WATER SALES	HARRIET I	ACEY
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes give war or dates of	CES? 16. SDCIAL SECURITY ND. 17.	INFORMANT IRS NETTTE	NEVAKER 2046	WHISTLER AVENUE
No	None Spr	ingfield Mos	spital recerds,	Sykesville, Mil
18. CAUSE OF DEATH [Enter only one	cause per line for (a), (b), and (c).]			I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	a CARNIBE	FAILER	E	DNSET AND DEATH
4 2 4-1 DUE T				
Conditions, If any, which	b) (V/			MINATH
gave rise to immediate Cause (a), stating the DUE I		14 🔿		
underlying pouce test	01- 1-1	. 14 . 1).		YES.
PART II. DTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTDPSY
S CBS associated with	senile brain with p	sychotic rea	action	PERFORMED? YES NO
PARTII. DTHER SIGNIFICANT CONDITION CBS associated with DR CONTRIBUTING CAUSE OF DEATI OF CONTRIBUTING CAUSE OF DEATI OF EITHER, NOTIFY MEDICAL EXAMINI	20b. DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of	Intury in Part I or Part II of I	L
2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINI	H ER)			
		CE DF INJURY (Home, far	m. 20f. (City or town)	(County) (State)
Hour a.m.	While - Not While - fector	y, street, office bldg., etc	2)	(Openes) (State)
	at work at work	, he		
21. I certify that (I) (this hospi	tal) attended the deceased from	ar., 15, 19	25_, to Feb., 19.	, 19_66, that (I) (16) last
saw the deceased alive on	Feb., 19 1966, and that	death occurred at L	3017 the causes ar	id on the date stated above.
DEO A	Some with the	ATTENDING M	ED STAFE	22b. DATE SIGNED
22c, PHYSICIAN'S	Mys Character M.D	PHYS. DI	PHYS. The State	Fab., 19, 1966
NAME (Type)	- Brighteriscan			
23a. BURIAL, CREMATION, J. 23b. DATE TH	JEDEDE WOOD MANE DE COMMENTE		Sykesville, Md.	
BURIAL (Specify) 2/22/66	1		23d. LOCATION (City, town	
24. FUNERAL DIRECTOR	LOUDON PARK CI		BALTIMORE,	MARRYLAND ISTRAR'S SIGNATURE
HIIRRADD FINEDAT HOME	17-11-11	1220 EFR		explor ludi:
HITERAPH BUNEDAT DOMES	ALLE WILLENG AUE 9	1990 [444]	A PROPERTY	THE REAL PROPERTY.

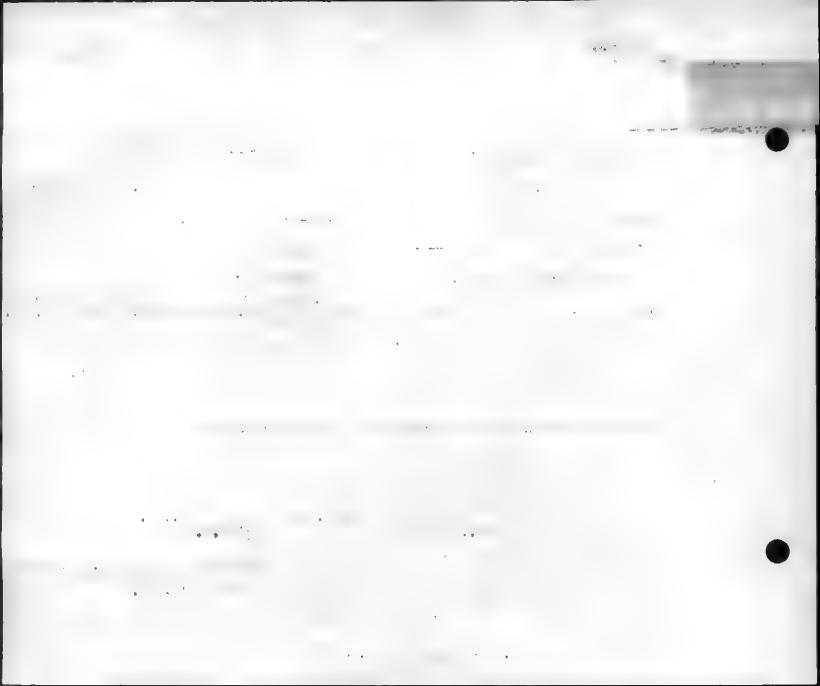
HUBBARD FUNERAL HOME: 4107 WILKENS AVE. 21229

DATE

1956

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by I funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page, i and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are death sectived within 24 hours D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO HOSPITAL AI5

1/65



TO NOSPITAL OR ETTENDING PRESEIN. The liw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the imperal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 hours after the complete of the state Dept.

		AZABVI AND	CTATE	DEDADT	MENT OF	DECK TO
		MARYLAND	SIAIE	DEPAKI	MENI UF	HCALIN
ALON.	OF STATISTICAL					
SIUN	OF STATISTICAL	RESEARCH A	NU KEGO	RUS. 3III	W. PRESIUI	I SIREEL

	MARYLAND S	TATE DEP <i>i</i>	ARTM	ENT OF I	HEALTH			
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE '	I, MARYLAN	D
20402	0.00							

	02165			CERTIFIC	ATI	E OF DEATH	1		112	116
1.	PLACE OF OEATH	1			1		CE (Where			sidence before admission)
_ (Carroll			MARYLA	ND	a. STATE Maryland		b. coun Balt	imore	City
	b. CITY OR TOW WIITE RURAL	N (If outside corporate and give nearest tow	te limits,	C. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (II	outside	corporate limits, wr	Ite RURAL a	and give nearest town)
_ 5	ykesvill	.e		25 days		Baltimore			-	- 1
				ospital, give street add	ress)	d. STREET ADDRESS				0. IS RESIDENCE ON A FARM?
		ld State He	ospital			5005 Libe	rty F	leights Av	0 .	YES NO X
3.	NAME OF OECEASEO		rst	Middle		Last	4. OA	TE Monti	1	Oay Year
_	(Type or print) SEX		INIE	(MMN)		KAMANITZ	DE	ATH FEBRUAL		
5.		6. COLOR OR RACE	7. WHICHTEO			DATE OF BIRTH		last birthday) i	Months (YEAR IF UNOER 24 HRS.
104	Female	White	WIDOWED	OIVORCEO [Unk.	4 0. 0.			TIZEN OF WHAT
du	ing most of work	TON (Give kind of work ing life, even if retire	d) It	NOUSTRY		11. BIRTHPLACE (C		cate, or rereign country	COL	JNTRY?
13	Domest FATHER'S NAM					Marylan	d MAN		U.S	Z.A.
23	Simon K								,	
15		.BUIDELTO L T.Z. EVER IN U.S. ARMEOFO	RCES? 16	SOCIAL SECURITY NO.	17	Goldie (Last	name unk.	55	
		(If yes give war or dates o	f service)	nk.			4			14.3
		DEATH (Enter only on		il R Ine for (a), (b), and (c).]		ecords, Spr	rugij	rerd Stare	позрі	INTERVAL BETWEEN
		ATH WAS CAUSED BY	i ir	_						ONSET AND CEATH
		, IMMEDIATE CAUSE	(a) <u>Mebi</u>	nrosclerosis	3					Years
	Conditions, If	any, which \		nchopneumoni	ia				}	Davs
	gave rise to cause (a), st	Immediate	(0)							
	underlying caus	tuting the		eralized art	teri	osclerosis				Years
TION	PART II. OTHER S	GNIFICANT CONOITIO		TINGTO DEATH BUTNO	TRELA	TED TO THE TERMINAL	DISEASEC	ONOITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA.										YES NO E
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF OEA TIFY MEDICAL EXAMIT	THI NER)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	f injury ir	Part I or Part II o	f Item 18.)	
MEDICAL		INJURY Month, Oay,	Year 20d. II	NJURY OCCURRED 200	e. PLAC	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20	f. (City or town)	(Coun	ty) (State)
MEDI	Hour a.m p.r		While at work	Not While	Ideloi	Mariaeri owea nid8" e	10.)			
	21. I certif	y that (I) (this hosp	oital) attend	ed the deceased from	m]	l-18-66 _{, 1}	9	to 2-13-66	, 19	_, that (I) (we) last
	saw the dec	ceased alive on 2-	13-66	19, and	d that	death occurred at	o: UQ,	from the causes	and on the	, that (I) (we) last e date stated above. TE SIGNEO
	22a. SHCHATUR	estre di	01 0	emuso.		ATTENOING [MEO.	STAFF -		
	22c. PHYSICIA	N'S	- 00	100/30	M.D.		DIRECTOR		2-14-	
	22c. PHYSICIAN'S Agustin del Campo, M. D. 22d. ADDRESS Springfield State Hospital Sykesville, Maryland									
238	BURIAL, CREM	ATION, 23b. OATE I	THEREOF 466	Auto-	W 400	OR GREMATORY		BOLT:	wn or coun	nty) (State)
24	FUNERAL OIRE	CTOR	50N-	ADDRESS	0	AUE 258. RE	C'O BY R	EGISTRAR 25b. R	EGISTRAR'S	SIGNATURE
5	YEVAN	3 . 4 mi 3	J-41-	الرابية الرابية		DAEB	1.5	1966 100	iarley	Judge _

VR AI5 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 2 1 1 7

			- 4		U M I I I
1. PLACE OF DEATH 8. COUNTY	Carroll		- 47475	(Where deceased lived, If Ins	titution: Residence before admission)
		MARYLAND	Fie	ryrand	
write RURAL and	outside corporate limits, give nearest town)		c. CITY OR TOWN (If o	utside corporate limits, wri	to RURAL and give nearest town)
RuralSyke	wille	11 months	Baltimor	'e .	3 /
		in hospital, give street address)	d. STREET ADDRESS		8. IS RESIDENCE ON A FARM?
Springfield 3. NAME OF			919 W. 38t		YES NO TO
DECEASED	First	Middle	Last	4, DATE Month	
(Typa or print)	Pearl	Linder	Kelly	DEATH 2	1 1966
5. SEX 6. C	OLOR OR RACE 7. MARE	RIED NEVER MARRIED	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
female		WED DIVORCED	7/11/86	79 yrs.	Months Days Hours Min.
10a, USUAL OCCUPATION (Sive kind of work done 10	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou	nty & State, or foreign country)	
Domestic	e, even il letited)	INDUSTRY	Maryland		COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE		USA
William F	ivren		Sennett		
15. WAS DECEASED EVER I	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	3
(Yes, no, or unkown) (If ye	s give war or dates of service)				
no			rugirerd Ho	spital recor	dsSykesville
		per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH	WAS CAUSED BY: MEDIATE CAUSE (a) A:	rteriosclerotic h	eart disease		Years
11	DUE TO				
Cenditions, If any,	which \ A.	cute pulmonary ar	tery infarci	tá on	Minutes
gava risa to imme	ediate (ca de paramornar y ca	our y Linear or	AND ALT	7.212000
cause (a), stating					
underlying causa last					
Chronic by	ICANTCONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	SEASE CONDITION GIVEN IN I	PART 1(2) 19. WAS AUTOPSY PERFORMED?
vith pa	sychotic rea				YES X NO
20a, ACCIDENT WAS	UNDERLYING [] 20	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of 1	njury in Part I or Part II of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	MEDICAL EXAMINER)				
20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Year 20	d. INJURY OCCURRED [20e. PLAI	E OF INJURY (Home, fari	m, 20f. (City or town)	(County) (State)
Hour a.m.		ILLIE - HOT WALLE -	y, street, office bldg., etc	(.)	
₹ p,m.	19 at	work at work	= /2 /		
		ended the deceased from	2/1/ 19	65, to 2/1/	_, 1966_, that # (we) last and on the date stated above.
	d alive on1/31	19_66 and that	death occurred at 1.2	from the causes	and on the date stated above.
22a. SIGNATURE	1/2				22b. DATE SIGNED
1 Mac	De House	mil and M.D		ED. STAFF PHYS.	2/1/66
22c. PHYSICIAN'S		the state of the s	1 and 1 bearing		tate Hospital
NAME (Type)	Naci Nejat	Buyukunsal, M.D		ykesville. M	
23a. BURIAL, CREMATION	N, 235. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
REMOVAL (Specify) Burial	Jan.3.1966	Baltimore Na	tiona1	Baltimore	Maryland
24. FUNERAL DIRECTOR	uaite J. 1700	ADDRESS			GISTRAR'S SIGNATURE
Wm. Cook-Br	ooks.Inc.	1217 St. Paul St			y's Judge
	,		reet DATE 7	1966 700	

VR A15 (4) 20M 1/65

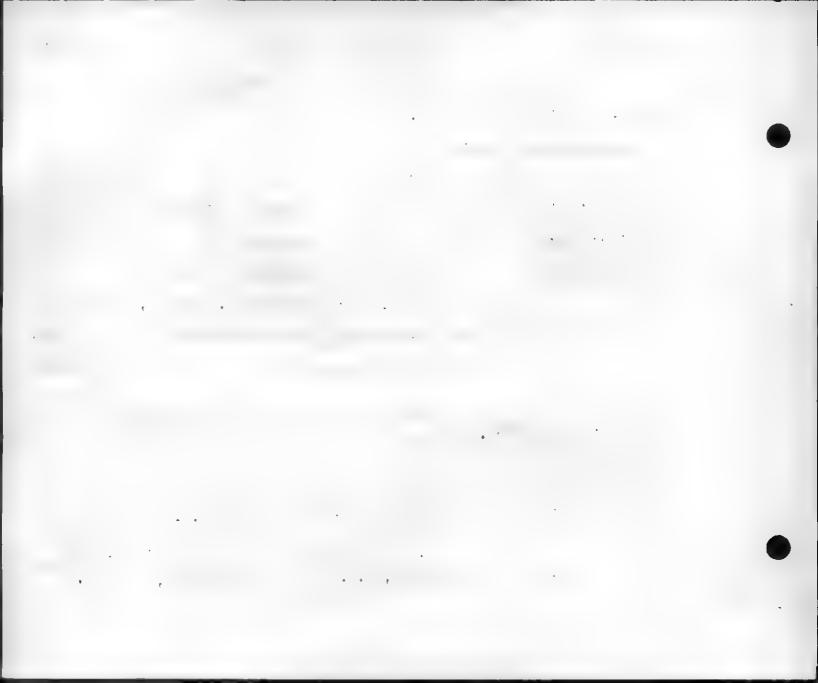




MARYLAND STATE DEPARTMENT OF HEALTH

after OULS witlin certificate b∎

20M 1/65



M)	Item 18, Fin DIVISIO 0216	9		CERTIF	ICATE	OF DEA				U	414	A)
1	a. COUNTY Carro	11			/LAND	a. STATE Ma	DENCE (When		b. coun Bali	m timore	Cit	$_{\rm v}$ $\sqrt{}$
	Sykesvil		₽,	c. LENGTH OF STA Syrs . 2mos	.5dy	c. CITY OR TOW Balti	N (If outside	corporat	te limits, wri	Ite RURAL a	nd give t	1
		spital or institution eld State H		pital, give street a	address)	d. STREET ADDR	dmonds	on As	ve.		e. I	N A FARM?
3	NAME OF DECEASED	Fire		Middle		Last	4. D.	ATE	Month		Day	Year
5	(Type or print) SEX	6. CDLOR OR RACE	N MARRIED [NEVER MARRIE			H	9. AG	FEBRUAL E (in years it birthday)	IF LINDER 1	YEAR IF	19 66 UNDER 24 HR! lours Min.
1	Male Oa. USUAL OCCUPA Uring most of work	White FION (Give kind of work d king life, even if retired	one 10b. KIN	D OF BUSINESS OF BUSINESS OF		7-28-189		101	yrs.) 12. CIT	IZEN OF	1
Н	Stenogra 3. FATHER'S NAM	apher	1110		Ī	Maryla 14. MOTHER'S		IE .		000	U.S.	A
_		k McCaffrey	CES? 16 S(OCIAL SECURITY NI	D 17	Mary	Connel	ly	Addres	-		
	Yes, no, er unkown) No	(If yes give war or dates of	iervice) N	one	Rec	ords, Sp	ringfi	ald S			al	
		DEATH [Enter only one EATH WAS CAUSED BY: IMMEDIATE CAUSE (Term	for (a), (b), and (2	eft				ONSET	AL BETWEEN AND DEATH
	Conditions, If	DUE T	Dight	renal ca	arcino	oma and r	ight h	ydroi	nephro	Sis	3	
	gave rise to cause (a), s	Immediate DUE 1	0									
MATION	PARTILOTHER Schizon	significant condition of reac	C) IS CONTRIBUTI tion . D	NGTODEATH BUT	NOT RELAT		NAL DISEASE				PI	AS AUTOPSY ERFORMED?
NULLEGICATION	20a. ACCIDENT DR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATH		SCRIBE HOW INJU	A Tr.	oladder	re of injury	In Part 1	or Part II o	f Item 18.)	YES	X NO
during most of working life, even if retired) Stanographer 13. FATHER'S NAME Patrick McCaffrey 15. Was Deceased Ever IN U.S. ARMED FDRCES? (Yes, mo, or unknown) (If yes give war or dates of service) None Records, None 18. Cause DF beath (Enter only one cause per line for (a), (b), and (c). I PART I. Death was caused by: IMMEDIATE cause (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CON					E OF INJURY (Hor y, street, office bl	no, farm, 20 dg., etc.)	of. (City	or town)	(Coun	ty)	(State)	
	21. I certi	fy that (I) (this hospi	tal) attended -20-66			2-23-27 death occurred	12:39		-25-66 the causes	, 19		(I) (we) las
l	22a. SIGNATU		a_{i}	lhus	M.D.	ATTENDING PHYS.	MED.	OR 🔲	STAFF PHYS.	22b. 0A1 2-28	-66	ED
	22c. PHYSICI NAME (1		A.Ruiz	, M. D.		22d. ADDRES	_		eld Sta Le. Mar		spit	al
2	3a. BURIAL, CRES	MATION, 23b. DATE TO	BEREOF 1	23c. NAME DE C	EMETERY	OR CREMATORY	23d		10N (City, to		nd.	(State)
1	24. FUNERAL DIR	ECTOR 2	. 8_	ADDRESS	to.	med. 25a.	REC'D BY	EGISTRA 196	AR 25b. R	EGISTRAR'S		URE
12	WM. LA	Lame	0-1-0n	a ruco	NUM	DAY	SHALES .	IUU	Wh //			W



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after demoval. exemited within 24 hours after death. TO COMPITAL OR ATTENDING THYSICALN: The Iam requires that the death cert cate learned A may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02170 CERTIFICATE OF DEATH

	_	OM TAA				Chie Yie X
	1.	PLACE OF DEATH a. CDUNTY				tution: Residence before admission)
		CARROLL	MARYLAND	a. STATE MARY	LAND b. COUNT	CARROLL
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outsi	ie corporate limits, writ	e RURAL and give nearest town)
		SYKESVILLE	9 WEEKS	NEW V	VINDSOR	/
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	ospitai, give street address)	d. STREET ADDRESS	.,,,,,	8. IS RESIDENCE DN A FARM?
7		PULLEN NURSING HO	ME	CHURCH S	57.	YES ND
	3.	NAME OF First DECEASED (Type or print) Plantical	- Middle	Last 4.	DATE Month DF DEATH FEB	Day Year
1	5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
		F W WIDOWED	DIVORCED	OCT 6 - 1891	last birthday) N	Months Days Hours Min.
	10a dur		IND OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT
i		HOUSEKEEPER OW	the same and a same	MARYLAND	9	USA
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	IME	
		REUBEN GRIME	5	MARY JI	ANE	
	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, mo, or unkown) (If yes pive war or dates of service)	SDCIAL SECURITY ND. 17.	INFORMANT	Address	
		NO /	YONE W	M MICLELLANI) WESTMI	INSTER MID
		18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]		/ ` /	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	army / Turery	Chronis Chronis	20 /telace	· /
		DUE TO -	- [10 1	19-51-65
Į		conditions, if any, which gave rise to immediate (b)	Krewseller	o anulyer	, "(,1 5/	
		cause (a), stating the DUE TD	. 1	,) /	6	7. 5-66
	22	underlying cause last. (c)	E /U			
	ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEAS	ECONDITION GIVEN IN PA	PERFORMED?
J	FIC	DD. 400 DENT HAD HADDEN WARD TO LOOK O	Page In the second second			YES NO
	CERTIFICATION	20b. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury	in Part I or Part II of	Item 18.)
	MEDICAL	Name of the state	NJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, bry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	MED	Hour a.m. While p.m. 19 at work	Not while	ary, act cor, office blug., cre.)		
		21. I certify that (i) (this hospital) attended		16 31- 1965	to 2 - 5	, 19 6 , that (I) (we) last
		saw the deceased alive on 2 - 5-	19 6 and tha	t death occurred at6:304	M, from the causes ar	nd on the date stated above.
i		228. SIGNATURE	-7/ 17	ATTENDING MED.	STAFF	22b. DATE SIGNED
Į		y truster 6.	of all M.I	D. PHYS. 💹 DIRECT	TOR PHYS	
		22c. PHYSICIAN'S NAME (Type) HOWARD E	HALL	22d. ADDRESS	Lunde, 7,	26.
	23a	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY / 23	d. LOCATION (City, tow	n or county) (State)
		BURIAL PEB 8, 1966	BETHEL		ARROLL	Co MD
	24	FUNERAL PIRECTOR	ADDRESS	25a, REC'D BY	REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
0	1	UN Harpler Y Sono 1/4	W Winder	DATE 3	1956 A	iarles Judge
-	A.				7	

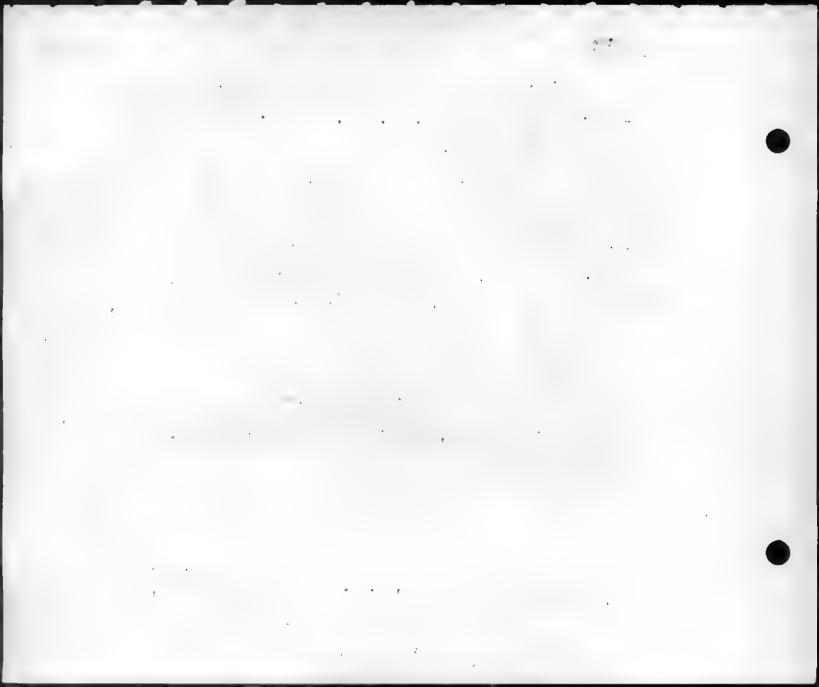


leath, after the filled in by t papers. Page hin 72 hours a hinrs within 72 witillin cumilietely 000 car and cen 3 any ■din physician a . Then please re removal, and in a ⊑ cmrtificate been signed by the attemding the burial-transit permit. The burial, cremation, or rem requires that the has been as the l use this certificate I detached for use to Dept. of Health Health hospital the After retained Ф DIRECTOR: age 3 should lied with the page тау

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Carroll Marvland Allegany MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural--Sykesville Cumberland 3m. 22d d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital unknown NO DET NAME OF First Middle Last DATE Month Year DECEASED (Type or print) McSorley DEATH 2 66 Margaret 19 6. COLOR OR RACE 7. MARRIEO T NEVER MARRIEO OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. last birthday) | Months | Oays Hours WIOOWEO [unknown female OIVORCEO Oa. USUAL OCCUPATION (Give kind of work done) 10b. KING OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Housework Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wat or dates of service) Springfield Hospital records. Sykesville none 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure davs IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic heart disease Years Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the General arteriosclerosis Years underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? Schizophrenic reaction, chronic undifferentiated type. YES DE NO [20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 19 22 to 21. I certify that (# (this hospital) attended the deceased from , and that death occurred at 2A. M. from the causes and on the date stated above. 19.66 saw the deceased alive on 22a. SIGNATURE OATE SIGNED 22b. ATTENDING PHYS. MEO. OIRECTOR ___ M.D. FUNERAL 22c. YPHYSICIAN'S Springfield State Mospital 22d. ADDRESS director, p NAME (Type) Frances Reid Nabors. Sykesville. Maryland BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY (State) LOCATION (Gity, town or county) REMOVAL (Specify) usual FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

PILYSIIM VR A15 (4)



	1 (M		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4	E04		UZ172 CERTIFICATE OF DEATH ()Z123
death	funeral and 2 death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission and COUNTY) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission and COUNTY)
affer	the fes 1		a, SIAIE D, COUNT
47	y the ages s aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hours	in by S. Pag hours		SUKESVILLE IVE. 4 MOS. 11 do. OLD GLT RAD MANCHETER.
	2 5 5		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS O. IS RESIDENT ON A FARM
1 24			SPRINGFIELD STATE HOSPITAL OLD FORT KOAD, TOUTE # 1 YES KI NO [
executed within	completely ve-carbon er et	3.	NAME DF First Middle Last 1.4. DATE Month Day Year
3	宣教		(Type or print) GEORGE HENRY MEYERS DEATH FEBRUARY 23 1966
d III	2 42	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IIF UNDER 24 HI last birthday) Months Days Hours Mil
pypy	and c remov		WALE WHITE WIDOWED NOTED 18-16-1881 78 VIS.
	and the same	du	a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d	ysic plea	32	FARMER MORYLAND 4.5.A
certificate he	ding pt Then remova		
Tie.	를 두 를		WILLIAM H. MCYERS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
#	きまる	(Ŷ	es, no, or unkown) (If yes give war or dates of service)
death	per je	-	NO NONE KEBORDS, SPRINGFIELD STATE HUSPITAL
å.	an. 1 by the afransit perremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART J. DEATH WAS CAUSED BY: ONSET AND DEATH
12	cian ed t trar trar		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occupe Carbine Faclesian ONSET AND DEATH
+	hysi sign rial		Conditions, If any, which \ (1) Perfect design length () Conditions, If any, which \ (1)
ar I m	9 9 9 0 1 0 0 0		gave rise to immediate
- 101	ndin be or the		cause (a), stating the DUE TO underlying cause last.
- Park	has e as a pri	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPS
Tho	or or or us	CAT	Bhinchonneumania YES NO E
Ż	pital of for of H	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH
191	tcher cher pt.		(IF EITHER, NOTIFY MEDICAL EXAMINER)
AME	this this Death	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
62	be at at	E G	Hour a.m. While Not While p.m. 19 at work at work
NO.	he S A A		21. I certify that (I) (this hospital) attended the deceased from 10-12-64, 19, to 2-23-66, 19, that (I) (we) la
	sho th		saw the deceased alive on 3 1966, and that death occurred at 18 M, from the causes and on the date stated above
9	REC Wil		22a. SICNATURE 22b. DATE SICNED
9			Charlet I A LLEGAC M.D. PHYS. L DIRECTOR L PHYS. Dad 3. Cole
LIG	ERA Or, De	/	NAME (Type)
HOSPITAL	Page 4 m O FUNERA director, should be	23	37,637,627,777
5	5g. 5 . 2 . 2 . 2		GREMOVAL (Specify) 2/26/66 Manchester Marchester Md
	Ċ.	24	FUNERAL DIRECTOR ADDRESS 25a, REC'D BY RECISTRAR 25b, REGISTRAR'S SICNATURE
1	/R AIS (4)	1	Tipton. Eline Haupsterd Med. parMAR 1 1956 Marles Judge
- 2	70AA 1/65 \\\	1	



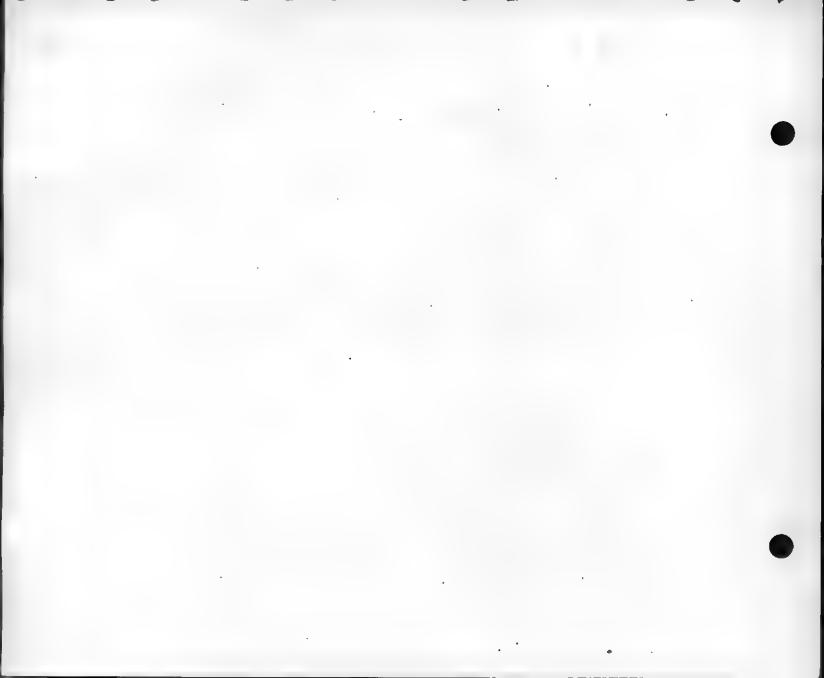
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furteral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after meath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirm that the death certificate be executed within 24 hours after duath. Page 4 may be retained by the hospital or attending physician.

MARYLAN	D STATE DEPARTMENT OF HE	ALTH
DIVISION OF STATISTICAL RESEARCH	AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
02173 OF STATISTICAL RESEARCH	ERTIFICATE OF DEATH	02124

100									11.0	
ı	1. PLACE OF DEAT	Н			2.		E (Where deceased lived,		sidence before adm	ission)
١	Carrol	1		MARYLAN		Maryland		county ontgomer	•U-	
-	b. CITY OR TOW	/N (if outside corporate li and give nearest town)	imits, c. LEN	IGTH OF STAY IN			outside corporate limit			town)
ı	Sykesv	ille	5mo	s.5dys.		Chevy Ch	ase		1	
ŀ		SPITAL OR INSTITUTION (ss) d. S	STREET ADDRESS			e. IS RESID	DENCE
ı	Spring	field State H	lospital			4501 Cour	tland Drive			10 2
ı	3. NAME OF DECEASED	First		Middle		Last	4. DATE 8	Aon th	Day Year	
ı	(Type or print)	ALWIN	Œ	(NMN)		MILLER		RUARY 6	19 6	6
ľ	5. SEX	6. COLOR OR RACE 7.	MARRIED NE	VER MARRIED		ATE OF BIRTH	iget hirthe		Days Hours	Min.
V	Female		WIDOWED E	DIVORCED	1 4-	2-1884	(3.1	5. 10	4 Hours	IVIIII
1	10a. USUAL OCCUPAT	TION (Give kind of work don ling life, even if retired)	e 10b. KIND OF	BUSINESS OR	11	BIRTHPLACE (Co	unty & State, or foreign co	untry) 12. Cf	TIZEN OF WHAT	
Г	Housewi		Home	•	W	ashington	, D.C.		S.A.	
ľ	13. FATHER'S NAM	1E				MOTHER'S MAID				
I		e Gobel			L	ena Nass				
	15. WAS DECEASED (Yes, no. or unkown)	EVER IN U.S. ARMED FORCE	S? 16. SOCIAL	SECURITY NO.	.7. INFO	RMANT	A	ddress		
ı	No		106-3	6-7463	Re	cords, Sp	ringfield S	tate Hos	pital	
1	18. CAUSE OF	DEATH [Enter only one ca	use per line for (a), (b), end (c).]					INTERVAL BETY ONSET AND DE	
ı	PART i. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Shock						Olege J. Aleb Di	ET III
ı	160	X DUE TO								
1	Conditions, if	any, which) (b)	Ruptur	e of lef	t ova	rian cyst			3	
ı	gave rise to cause (a), s	immediate (
1	underlying caus									
	PART II. OTHER	SIGNIFICANTCONDITIONS	CONTRIBUTING TO	DEATH BUT NOT	ELATED T	O THE TERMINAL D	ISEASE CONDITION GIVE	NINPART 1(a)	19. WAS AUT	OPSY
ľ	Marteri	osclerotic c		ular dis	ease.				YES XX N	
	PART II. OTHER Arteri 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER	20b. DESCRIB	E HOW INJURY O	CCURRED	. (Enter nature of	injury in Part I or Part	Il of Item 18.		
ľ	정 20c. TIME OF	INJURY Month, Day, Yea	r 20d. INJURY C	CCURRED 20e.	PLACE OF	INJURY (Home, fa	rm, 20f. (City or tow	n) (Cou	nty) (St	ate)
ľ	20c. TIME OF Hour e.	m. 19		t While T	scioly, sti	reet, office bidg., et	6.7			
ı		fy that (I) (this hospita	, , , , , , , , , , , , , , , , , , , ,		9-	1-65 µ	1 ta 2-6-	56 19	, that (I) (we	e) last
ı	saw the de	ceased alive on 2.	-666	19, and	that d ea	th occurred at	M, from the cau	ses and on th	ie date stated a	above.
ı	22a. SIGNATU	RE .	000 I	1	Α.		MED STAFF	22b. D/	ATE SIGNED	
ı	tre	ances Re	27/06	20061	M.D. Pi	HYS	IRECTOR PHYS.	X 2/6	166	
ı	22c. PHYSICIA NAME (T		aid Naham	~ M D	2		pringfield	State Ho		
1	- Thurst of							Maryland		
	23a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE THE ecify)		NAME OF CEME			23d. LOCATION (CI			(6)
1	Burial 24. FUNERAL DIR	2/9/66 ECTOR	C	edar Hi	ll_C	emetery 25a. REC	D BY REGISTRAR 250	REGISTRAR	SIGNATURE	
	Rober	t A. Pumph	rey Be	thesda,	Md.	DATEB	10 1966	101	Judge	

VR A15 (4) 20M 1/65

*	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
٠.	=00=	02176 CERTIFICATE OF DEATH ()2125
after death	furreral feath.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi a. COUNTY
9	4)	CLARROLL MARYLAND WIFEROLL
16		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town),
hours	in 's	g. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN
24	filled papers in 72 h	DIN A FARM
	ely 1	3 NAME OF First Middle 4 last 14 DATE Month Day Year
executed within	and completely filled emove carbon paper. any event, within 72	(Type or print) MARIA FRANCES MILLER DEATH FEB. 15 1966
uted	COIII eve	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24)
Xec		WIDDWED DIVORCED MAY 11 - 1880 85 yrs.
pe	Feastian	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate	900	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
tife	iding ph Then remov	CHARLES STITELY MARTHA WELTY
8	attending ph ermit. Then on, or remov≡l	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service)
that the death certificate be	g physician. signed by the attend burial-transit permit. burial, cremation, or re	NO NONE MARIAN HUSTIN DETOUR MD
ihe o	y the sit p	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:
nat t	cian. ed b tran tran, cra	IMMEDIATE CAUSE (a) TOUR C GRANGE CONTRACTOR OF THE
es t	hysi sign urial urial	Conditions, If any, which) DUE TO arterior of the CVO "Lease"
requires	ding p been the bu or to b	gave rise to immediate cause (a), stating the DUE TD
W 1.6	tendi as b as tl as tl	underlying cause last. (c)
je 12	I by the hospital or attending physician. After this certificate has been signed by be detached for use as the burial-tran State Dept. of Health prior to burial, cre	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) BY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)
F.	ifica for Hea	20a. ACCIDENT WAS UNDERLYING 13 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
HYSICIA	ospi cert hed t. of	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYS	the ho this detach	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED Hour a.m. 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) while at work at work at work
25	After After Id be d e State	
TENDI	R: A Suld the Street	21. I certify that (I) (this hospital) attended the deceased from 2/22/65, 19 to 2/15/66 19 that (I) that (I) the saw the deceased give on 2/15/66 19 and that death occurred at 350 from the causes and on the date stated above
E E	reta CCTO S S S S S S S S S S S S S S S S S S S	saw the deceased alive on 2/15/4419, and that death occurred at 4, from the causes and on the date stated about 22a. SIGNATURE 22b. DATE SIGNED
8	DIRE Be	M.E. Rober trans M.D. PHYS. DIRECTOR PHYS. 12/15/46
IAL	RAL Pa	22c. PHYSICIAN'S NAME (Typer Day 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
HOSPITAL	Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	1 N. L. ROBERISON Turk Wondrer, Mid
10.1	Parity States	REMOVAL (Specify) 2-17-66 //NION (I= M KEYSVILLE MO
	y)	FUNERAL DISECTOR ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	R AIS (4)	V. W. Hartsen Town UNION DRIDGE /VID. DATE B I (1966) go ver Judge
2.0	1/00	· · · · · · · · · · · · · · · · · · ·

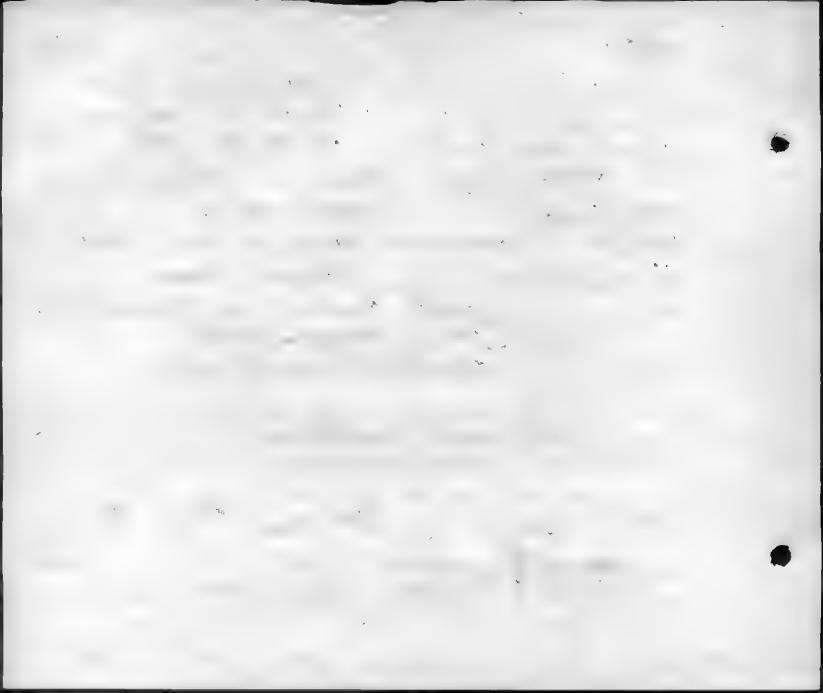


OF STATISTICAL RESEARCH ET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN In outside corporate limits, write RURAL end give nearest town) E. LENGTH OF STAY IN 16 5 write RURAL and give negrest lown) Pe . IS RESIDENCE ON A FARM? YES NO DE completely papers. NAME OF Middle DATE Month Dey DECEASED OF (Type or print) DEATH 1966 carbon B. DATE OF BIRTH 9. AGE (In years UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED an last birthday) Months WIDOWED DIVORCED physiciam BIRTHPLACE (County & State, or foreign remove 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (G ve kind of work country) done during most of working life, even if relired) dryck 13. FATHER'S NAME **ease** atte∎ding ۵ Then 16. SOCIAL SECURITY NO. (Yes, no, or unkown) , (if yes give werer deles of service) 18. CAUSE OF DEATH [Enter only one cause po signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which (b) pave fise to immediate cause **DUE TO** (e), steting the underlying cause lest. the the PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🚾 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL ENAMINER) detached 20c. TIME OF INJURY 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While MED! Hour e.m. 19 RECTOR: certify that (I) (this hospital) attended the deceased from 19.5 610 February 27, 19 60 that (1) (we) last and that beath occurred at 20 M. from the causes and on the date stated above saw the deceased alive on. SIGNA URE DATE MED STAFF DIRECTOR PHYS. PHYS. death. Page .

TO FUNERAL

director, page 3

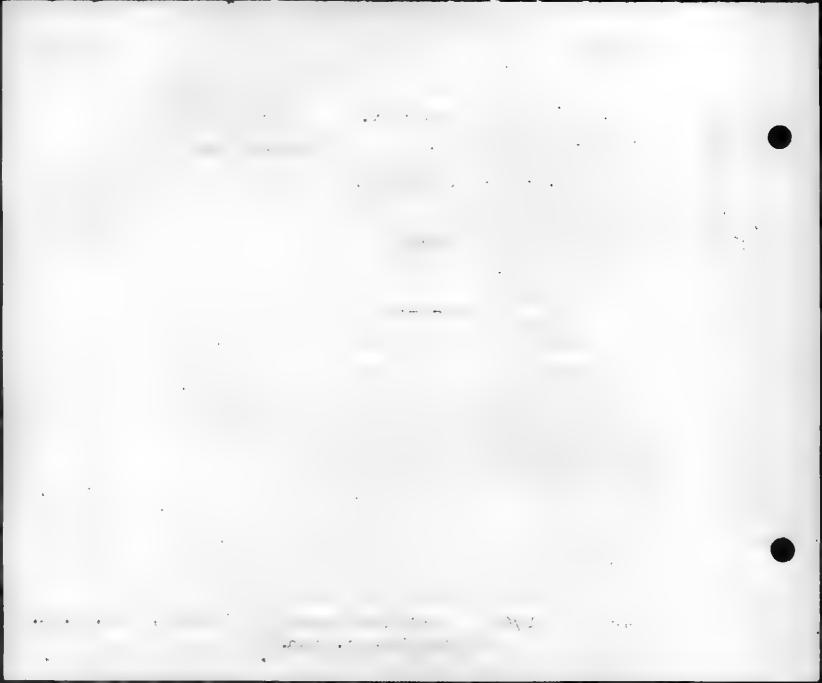
be filed with th M.D. 22d. ADDR BURIAL, CREMATION, 23a CEMETERY OR CREMATORY REGIOVAL (Specify) 25a, REC'D BY REGISTRAR'S VR A15 (4)



TO HOSPITAL OR ATTENDING PHYSICIAN: THE law requires that death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please recover carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it is event, within 72 hours after

MARYLAND STATE DE	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
UZ176 CERTIFICAT	E OF DEATH (12127
1. PLACE DF DEATH 8. CDUNTY Carrall MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) A ite thic Cer about 6 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
	Fairmount Road YES ND
3. NAME DF DECEASED (Type or print) (GORDON OLER)	O C DEATH TILL Day Year DEATH TILL 1966
5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24 Hrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BYRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT OOUNTRY?
13. FATHER'S NAME	1 Ballimore, Md (113,)
John li 0/0-	14. MOTHER'S MAIDEN NAME (L) + v = z = Ll + LL + L + + + + + + + + + + + + + +
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
	Interval Between
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET, AND, DEATH
4 2 0 MMEDIATE CAUSE (a) DUE TO C	Tillian I have the
conditions, if any, which gave rise to immediate (b)	iti. (Bri Star We state
cause (a), stating the underlying cause last.	Beresa
A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO []
E DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part ! or Part II of item 18.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PL fact p.m. 19 at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (1) (this hospital), attended the deceased from	t death occurred at 12 1/5 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
22c. PHYSICIAN'S NAME (Type) 11 14 FOATC 41 D	D. PHYS. DIRECTOR PHYS. 2-1/4/62 22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMDVAL (Specify) Rangial 2/17/66 Druid Ridge	Cemetery Pikesville, Balto. Co. Md.
24. FUNCTAL DIRECTOR 4611 Park Heights Av	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M. Inch Timmon.	DATE 3 1 3 1966 Marley Judge

VR A15 (4) 2DM 1/65



,

executed within 24 hours after death.

death 2 pure Completely filled in by the funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending paysician and completely filled in by the f director, mage 3 should be detached for use as the burial-transit mermit. Then mismise remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02178	}	one iteos	CERTIFICA1	E OF DEATH		, DALITHOI	(C 1, 1911	112	129	
1.	PLACE OF DEATH				2. USUAL RESIDEN		ised lived, If Inst		sidence t	before admission)	
_		Carroll	Maryland								
	b. CITY OR TOW Write RURAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Ru	iralSyl	cesville		ly. 7m. 19d.	Baltimore						
	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (If not In I	ospital, give street address	d. STREET ADDRESS				9.	IS RESIDENCE	
5		eld State	Hoppi t	1306 E. 33rd Street				YE	ON A FARM?		
3.	NAME OF DECEASED	F	irst	Middle	Last	4. DATE	Month		Day	Year	
	(Type or print)	10	lmyra	Jane	Peters	DEATH	2		11	1966	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1			
H	Cemale	white	WIDOWED		8/20/80	85	last birthday) yrs.	Months C	Days	Hours Min.	
1Da	. USUAL OCCUPAT	ION (Give kind of work	done i 10h.	CIND OF BUSINESS OR	11. BIRTHPLACE (C			12. CIT	IZEN O	F WHAT	
		ing life, even If retire	(d)	NDUSTRY	Donner	l-ondo		COL	JNTRY?		
	FATHER'S NAM				Pennsy	LVania			USA		
-						14. MOTHER'S MAIDEN NAME					
	_	a Geddling			1	et Reese					
15 (Y)	. WAS DECEASED E	VER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	\$			
	no			none Spr	ringfield H	ospital	. record	ls, Sy	ykes	ville	
	18. CAUSE DF	DEATH [Enter only on	e cause per	line for (a), (b), end (c).]				-	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: Cardiac failure								OR	AND DEATH	
	443	L			·						
	Conditions, if any, which gave rise to immediate (b)								days		
cause (a), stating the DUE TO underlying cause fast. CC Respiratory acidosis and uremia											
								days			
								WAS AUTOPSY PERFORMED?			
5 A	quali	fuing nhra	HOLOME	MITH Seulle	prain dise	ase wit	Hout		YES		
15	2Da. ACCIDENT	Ying phra Was UnderLying ☐ NG ☐ CAUSE OF DEA IFY MEDICAL EXAMI	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury in Pari	I or Part II of	Item 18.)			
CER	(IF EITHER, NOT	NG [] CAUSE OF DEA NFY MEDICAL EXAMI	NER)								
							(Stete)				
MEDICAL	Hour a.m		While		ory, street, office bldg., e	itc.)	12, 01 101111,	(00011	-77	(04040)	
	21. I certify that (x (this hospital) attended the deceased from 6/22/, 1164, to 2/11/, 19 66, that W (we)							t 🗰 (we) last			
saw the deceased alive on 2/11/ 1966, and that death occurred at 6:30, from the causes and on the date state 22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 2/11/66							stated above.				
	22c. PHYSICIA	N'S	0		1 22d ADDRESS	Springi	ield St	tate	Taoh	ital	
	NAME (1)	(Pe) Rinaldo	G. Laj	onchere, M.D.	•	Sykesy	ille. N	faryla	and		
23a. BURIAL CREMATION: 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OF CREMATORY 1 23d. LOCATION (City, town or county) (State)											
	REMOVAL (Spe	(clfy)								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
24	FUNERAL DIRE	CTOR	1966	Alle, Unior	l ceme tery	C'D BY REGIST	RAR 25h PF	Peru GISTRAR'S	SIGNA	vania TURE	
1	11. 1.0	7 /	0	Balts.	2		- 2	- 4	A B		
Wmh Vighner & Sono norther DR Care DATE FEB 14 1986 Icharles Judge											

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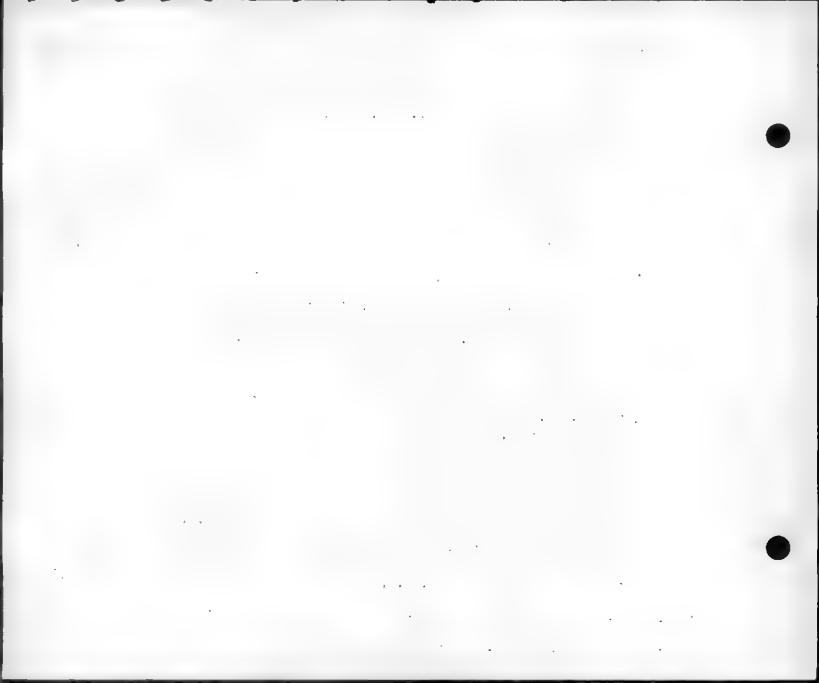
MARYLAND STATE DEPARTMENT OF HEALTH LTIMORE 1, MARYLAND

DIVISION OF	STATISTICAL RESEARCH AND RECURDS, 301 W. PRESTUN STREET, BA
2179	CERTIFICATE OF DEATH
# - 2 A - 1	DEBIREROMIE DE DEMIN

J.	13. PLACE DE DEATH		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland 2121-20UNTY							
	a. COUNTY Carroll	blamed surb								
-		MARYLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)							
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural) Sykesville			· · · · · · · · · · · · · · · · · · ·	THE MORAL ONE BITO HOUSE TOWN,					
Y		-0	Baltimore City -/							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?							
	Springfield State Hospit		1016 St. Dunstan's Road YES NO X							
	3. NAME OF DECEASED (Type or print) Frederick	Middle Aloyious	Peters	4. DATE Mont	9 19 66					
ı	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.					
П	male white WIDOWE		11-2-98	19. AGE (In years last birthday)	Months Days Hours Min.					
ŀ	10a, USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign countr	y) 12. CITIZEN OF WHAT					
ı	during most of working life, even if retired)	Maryland USA								
ŀ	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
П	Michael Peters									
				Mary Wetzelburger						
1	(Vet no or unknown) ((If you rive wer endates of service)			INFORMANT Address						
1	unknown(No)	219-14-0865	Hospital R	ecords						
1	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]		INTERVAL BETWEEN						
П	PART I. DEATH WAS CAUSED BY:	Bronchopneumoni	a. bilateral		ONSET AND DEATH					
ı	4414), Olicito pinsamoria	- CE 192.00 002 00							
1	Conditions is only which I									
П	conditions, if any, which gave rise to immediate (b)									
-	cause (a), stating the DUE TO									
1	underlying cause last. (c)									
1	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION GIVEN IF	PART 1(a) 19. WAS AUTOPSY PERFORMED?					
1	with psychotic reaction	n associated	witch cerebi	ar arverrosor	YES NO					
Ì	20a. ACCIDENT WAS UNDERLYING 20b.		CURRED. (Enter nature o	of Injury In Part I or Part II	of Item 18.)					
- 1	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTE Chronic brain syndrome with psychotic reactic 202. Accident was underlying or contributing cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)									
П		INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, i	arm, 20f. (City or town)	(County) (State)					
П	Hour a.m While at wo	e Not-While at work	roth action outcones.	and date						
12										
-1	21. I certify that (0) (this hospital) attended the deceased from 10-5-, 1964 to 2-9, 19-66 that (1) (we) last saw the deceased alive on 2-9-, 19-66 and that death occurred at 5:45M, from the causes and on the date stated above									
-1	22a, SIGNATURE 22b. DATE SIGNED									
1	ATTENDING MED. STAFF D 2-10-66									
1										
	22c. PHYSICIAN'S NAME (Type) Heinz H. Klaatsch, M.D. Springfield State Hospital									
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d, LOCATION (City,	town or county) , (State)					
REMOVAL (Specify)										
	24. FUNERAL DIRECTOR	ADDRESS			REGISTRAR'S SIGNATURE					
	1	0 1 1 4 1	12/1/ ==							
	LEONARD S. KUCK, LNC	· UM/10./110.	DATE	V 10 1955 K	liveley Juage					



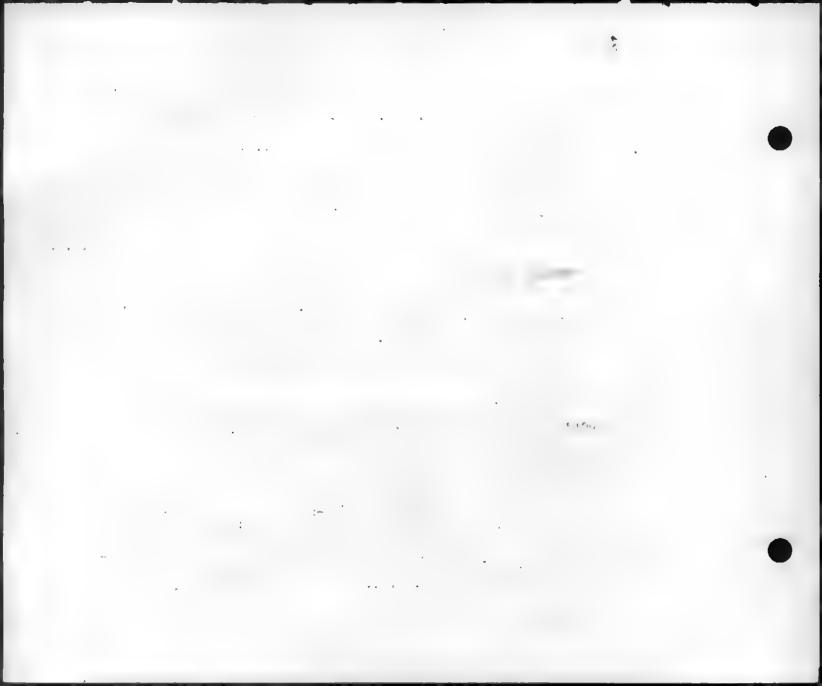
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. and 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY by the fi Pages 1 urs after Carroll Maryland Baltimore MARYLAND c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours hours Lyrs. 3mos. 24dys. Svkesville Baltimore .≘ e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? NO C Springfield State Hospital 7010 York Road completely to within DATE Day Year Month 3. NAME DE First Middle Last DECEASED DEATH FLORENCE AMELTA REATHER February 18 19 66 (Type or print) executed AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. nding physician and com Then please remove c removal, and in any ever DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours | Min. 9-18-1877 WIDOWED DO Whi te DIVORCED Female 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR COUNTRY? pe during most of working life, even if retired) INDUSTRY U.S.A None HULSEUIFE Marvland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending partransit permit. Then cremation, or remove H. Lange Caroline Weise 17. INFORMANT 16. SOCIAL SECURITY NO. I Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) death Records, Springfield State Hospital Unknown INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The faw requires that the has been signed by t e as the burial-transit h prior to burial, crema PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). Arteriosclerotic heart disease. vears the hospital or attending physician. DUE TO dvs. Terminal bronchopneumonia. Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the Generalized arteriosclerosis. vears underlying cause last. WAS AUTOPSY PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART 1(a) CONTRIBUTION OF ALL STATES OF A r this certificate hadetached for use a detached for use a te Dept. of Health pi CERTIFICATION PERFORMED? NO PO qualifying phrase 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After the age 3 should be defined with the State I Hour a.m. Not While at work at work 2-18-66, 19 retained 21. I certify that (I) (this hospital) attended the deceased from. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 2-18-66 page ; MED. PHYS. DIRECTOR Page 4 may O HOSPITAL PHYSICIAN'S NAME (Type) 22d. ADDRESS Springfield State director, p should be 1 and 21784 Campo. Sykesville. Agustin del LOCATION (City, town or county) (State) BUMAL, CREMATION, 23b. REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23a. ADDRESS REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR Ω 0 VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death mertificate be executed within 24 hours after dwath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, endote carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	0410	1		CERTIFICA	AIL	UF DEATE	1		()	2122	
1	. PLACE DF DEAT				II.	2. USUAL RESIDENCE	CE (Where dece	sed lived. If insti	itution: Reside	ence before and	m(sslpn)
П	a. COUNTY	77						b. COUNT	TY		
	Carro			MARYLAN		a. SIATE Marylai		Mo	ntgome	ry	
	b. CITY OR TOW Write RURAL	/N (if outside corpora and give nearest to	ite limits,	C. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corpo	rate Ilmits, writ	te RURAL and	give nearest	t town)
	Sykesvi	lle		yrs.8mos.22		. Rural	- Poole	sville	15	1	
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not in h	ospital, give street addr	(835)	d. STREET ADDRESS				e. IS RES!	
. _	Springf	ield State	Hospit	al	-					YES 1	NO X
1	NAME OF DECEASED	F	Irst	Middle		Last	4. DATE	Month	Į.	Day Year	r
-	(Type or print)		SSIE	(NMN)	R	TROHEY	DEATH	FEBRUA		19	66
1:	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In years I last birthday)			
	Female	White	WIDOWED	DIVORCED		8-23-1873	9:		Months Day	2 Honz	Min.
1	Oa. USUAL OCCUPATION IN THE COLUMN IN THE CO	FION (Give kind of work ling life, even if retire	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & State, o	r foreign country)	12, CITIZ	EN OF WHAT	
П	Housewi					Maryland			U	-3-A-	
	13. FATHER'S NAM	ME				14. MOTHER'S MAIL	DEN NAME				
ı	Charle	s Richey	Elgin	7		Helen Sm	ith				
	15. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	17. II	NFORMANT		Address	Š		
- ['	NO	(If yes give war or dates	at service)	109-18-9833	Rec	ords, Sprin	ngfield	State H	ospita	7	
-				Ine for (a), (b), and (c).]		7 7 7 7	-9			TERVAL BET	WEEN
н				erioscleroti		ant diana	70		Ċ	INSET AND D	EATH
н		EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) A1 (er roscrer o er	1.10	car o droga:	20			Years	
н	420										
н	Conditions, If		(b) Ge	neralized ar	ter	<u>losclerosi</u>	5			Years	
П	cause (a), s		TO						1		
Ι.	underlying cau	se last.	(c)								
13	PART II. OTHER	SIGNIFICANTCONDITI	ONSCONTRIBL	TING TO DEATH BUT NOT	RELATE	ED TO THE TERMINAL I	DISEASE CONDI	TIONGIVENINP	'ART 1(a) 1	19. WAS AUT PERFORN	FOPSY
	reaction	octated MI	M Ceret	oral arterio	SCIE	erosis, wit	en psycr	lotic			NO 😼
2 5	20a. ACCIDENT	WAS UNDERLYING	206, 1	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	f Injury in Par	I or Part II of	Item 18.)		
i c	PARTILOTHER CBS ass reaction 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)								
1	20c. TIME OF	INJURY Month, Day,	Year 20d. I.	NJURY OCCURRED 20e	PLACE	OF INJURY (Home, fa	arm, 20f. (C	Ity or town)	(County)	(SI	tate)
Ì	20c. TIME OF Hour a.		While	- NOT WITHE -	factory	, street, office bldg., e	tc.)				
13		m. 19		at work	E	-0-60		2 1 66			
		•	pital) attendi 2-1-66	ed the deceased from		-9-60 , I	9 to 10	2-1-66 the causes a	_, 19,	that (I) (w	e) last
		ceased alive on	2-1-00	19, and	that o	death occurred at:	M, HO	the causes a	and on the c		above.
	222: SIGNATU	Tax Del	1 (20	10.60			MED.	STAFF AND			
	MALLE	m acc	- Car	mpo.	M.D.	PHYS.	DIRECTOR L	PHYS. X	2-1-66		
	NAME (T		n del (Campo, M. D.		22d. ADDRESS S	pringfi Vkesvil	eld Stat	te Hosp vland	pital	
2	3a. BURIAL, CRÉM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEME	TERY C			ATION (City, toy) (Sta	ate)
1	REMOVAL (Sp	ecify) 2/5	166	Marson	01	,	BA	1.00 will	00 K	Parile	0
-	24. FUNERAL DIR		WW	ADDRESS		25a. RE	C'D BY REGIST	RAR 25b. RE	GISTRAR'S S	GNATURE	221 1
	12 12	- P 11	-11-	R	10	A . 1		1)	
à	Wille	DULLO. A	1011.	Mernesy	WX	DATE. U	9 198	00 //	FRED	for jim-	

VR ALS (4) (20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution: Ras dance before admiss on) Page a. COUNTY e. STATE b. COUNTY eral director. Page ed for your files. CARROLL Marvland Carrol1 MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If puts de corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Westminster Westminster, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE 808 ON A FARM? Carroll County General Hospital be retained to Box 112 YES NO in pencil in Item 18. Give Peges 1, 2, and 3 to the time in pencil in Item 18. Give Peges 1, 2, and 3 to the time Office along with form PM3. Page 5 may be retained purial-transit permit. File pages 1 and 2 with the Statement. And in any event within 72 frours after death 3. NAME OF 4. DATE Middle Month ROBERTSON DEATH (Typa or print) MARY ELIZABETH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) F UNDER 1 YEAR | F UNDER 24 HRS. last birthday) | Months | Hours DIVORCED WIDOWED T female 10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ELIZABETH 16. SOCIAL SECURITY NO. 17. INFORMANT Office along with burial-transit permi BOX 112 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: Multiple traumatic injuries **DUE TO** Conditions, if any, which gave rise to immediate cause ro (e), steting the underlying Examiner SE causa last. PART II OTHER S.GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? cremat YES X NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter palure of Injury in Part I or Part I of item 18.) PRIMARY X1 or CONTRIBUTING age 3 shorts to burial, CAUSE OF DEATH. auto-truck accident Month, Day, Year 1 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Not While & While Carrol1 road 8:30xxxx et work at work 1966 FUNERAL DIRECTOR: its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry [and in my opinion designated agent, Accident X Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY Rudiger Breitenecker, M.D. should ! NAME (Typa) Addrass (Streat, city, town, or county) 22s. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stata) REMOVAL (Specify) LIBERTY ROAD NEAR 0 23. JUNERAL DIRECTOR VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Carroll the Maryland MARYLAND Carroll completely filled in by the carbon papers. Pages event, within 72 hours aft CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 16 days Sykesville RD #2 Westminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACORESS e. IS RESIDENCE ON A FARM? Golden Age Guest Home Longwell Avenue YES NO DE death certificate be executed within NAME OF First Middle DATE Month Year 4. Oay DECEASED CLARA (Type or print) SCHAFFER DEATH 1966 February 21 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR UF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months | Oavs Hours female white WIDOWED X 29 1875 DIVORCED March 90 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and he 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? housewife Carroll County, Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip J. Yost Mary C. Utz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 48 Longwell Ave Charles D. Schaffer Westminster Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (0.1 gave rise to immediate J FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept, of Health prior to DUE TO (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. (State) (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 19 4 17 00 19___ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 194 to. saw the deceased alive on ----19 4 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF M.D. PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. 2 burial /24/66 Druid Ridge Cemetery Pikesville Maryland FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)



	MARYLAND STATE DEPARTMENT OF HI	EALTH
DIVISION OF STATISTICAL	MARYLAND STATE DEPARTMENT OF HI RESEARCH AND RECORDS, 301 W. PRESTON S CERTIFICATE OF DEATH	TREET, BALTIMORE 1, MARYLAND
0219 4	CERTIFICATE OF DEATH	02130

OUTOX	CERTIFICATE	OI PLAIN		6.6104
1. PLACE OF OEATH				tution: Residence before admission)
a. county Carroll	BRADYI AMD	a. STATE	b. COUNT	Υ ,
h CITY OF TOWN (if outside cornerate limite c	MARYLAND LENGTH OF STAY IN 1b	Maryl	and 21212 itside corporate limits, write	RURAL and give nearest fown)
(Rural) Sykesville oy	9m 17d			٠, ١
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit		d. STREET AOORESS	more Gity	e. IS RESIDENCE
		u. SIKEEI AUUKESS		ON A FARM?
Springfield State Hospital	-	515 Wi	ndwood Road	YES ND 😓
3. NAME OF FIRST DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Carl A.	Ambroass	Seward, Sr.	OF DEATH 2	11 ₁₉ 66
5. SEX 6. COLOR DR RACE 7. MARRIED 3	NEVER MARRIEO 8	. OATE OF BIRTH	9. AGE (In years III	UNDER 1 YEAR HE UNDER 24 HRS.
male white WIDOWED		11-20-98	last birthday) N	Ionths Oays Hours Min.
1Da USUAL OCCUPATION (Give kind of work done 1Db. KIND E	OF BUSINESS OR	11. BIRT HPLACE (Cour	ity & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) inous Photo engraver	TRY	Maryland	•	USA
13. FATHER'S NAME	-	14. MOTHER'S MAIOE	NAME	
George Seward		Josephine		
		-		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC (Yes, no. or unknwn) : (If yes bive war or dates of service)		INFORMANT	Address	
(Yes, no. or unkown) (If yes give war or dates of service) 215-	-01-0211 Ho	ospital Reco	rds	
18. CAUSE OF DEATH [Enter only one cause per line fo	or (a), (b), and (c).]			INTERVAL BETWEEN
PART I, GEATH WAS CAUSED BY. Day 7 mag	nary Abscess	AR		10 days +
IMMEDIATE CAUSE (a)	TOOODS			
77/X OUE'TO Bilate	ral recurrin	g bronchonne	imoni a	2
Conditions, If any, which gave rise to immediate	a man a would also	2 rivinioni	desired and spirit diff.	
cause (a), stating the OUE TO				
underlying cause last. (c)				
PARTH. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic brain syndrome as: with psychotic reaction 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO DEATH BUT NOT RELAT	ted to the terminal dis	easecondition given in Progression	ART 1(a) 19. WAS AUTOPSY OSIS PERFORMED?
with psychotic reaction	20020000 WA	WUICUL		YES X NO
with psychotic reaction 20a. ACCIDENT WAS UNDERLYING 1 20b. 0ESCI	RIBE HOW INJURY OCCUP	RRED. (Enter nature of l	njury in Part I or Part II of	Item 18.)
DR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Y OCCURRED 20e. PLAC	CE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
Ed a control of the c	1			
Hour a.m While	Not while	y, street, office bldg., etc	→-	
p.m. 19 at work	at work	ry, street, office bldg., etc		
21. I certify that (1) (this hospital) attended the	at work	y, street, office bldg., etc	5, to 2-11	., 19 66., that the (we) last
21. I certify that (1) (this hospital) attended the saw the deceased alive on 2-11	at work	y, street, office bldg., etc	5, to 2-11	nd on the date stated above.
21. I certify that (1) (this hospital) attended the	at work	y, street, office bldg., etc	65, to 2=11	nd on the date stated above. 22b. DATE SIGNEO
21. I certify that (1) (this hospital) attended the saw the deceased alive on 2-11	at work	death occurred #2.	5, to 2-11 40 Maximum the causes a	nd on the date stated above.
21. I certify that (b) (this hospital) attended to saw the deceased alive on 2-11 22a. SIGNATURE 22c. PHYSICIAN'S HOLD H. R. Ca.	at work he deceased from	y, steat, office bldg., etc 4-24, 194 death occurred 22. ATTENOING 01 PHYS. 01	2-11 20 Maximum the causes a co. STAFF RECTOR PHYS.	nd on the date stated above. 22b. DATE SIGNED 2-11-66
21. I certify that (b) (this hospital) attended to saw the deceased alive on 2-11 228. SIGNATURE ### ### ############################	at work he deceased from	y, steat, office bldg., etc 4-24, 194 death occurred 22. ATTENOING 01 1224 AODRESS	65, to 2-11 40 Martom the causes a	nd on the date stated above. 22b. DATE SIGNED 2-11-66
21. I certify that (%) (this hospital) attended to saw the deceased alive on 2-11 22a. SIGNATURE 22c. PHYSICIAN'S Heinz H. Klaatson NAME (Type) Heinz H. K	at work he deceased from	y, streat, office bldg., etc 4-24, 19f death occurred 321 ATTENOING MI PHYS. OI 22d. AOORESS Springfie	COMPAND the causes a co. STAFF PHYS. A Ld State Hosp	nd on the date stated above. 22b. DATE SIGNEO 2-11-66 ital on or county) (State)
21. I certify that (b) (this hospital) attended the saw the deceased alive on 2-11 22a. SIGNATURE 22c. PHYSICIAN'S Heinz H. Klaatson NAME (Type) Heinz H. Klaatson REMOVAL (Specify) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Specify)	he deceased from 19 00, and that ch, M.D. c. NAME OF CEMETERY	y, steat, office bldg., etc 4-24, 19f death occurred 22. ATTENOING MI PHYS. OI 22d. AOORESS Springfie. OR CREMATORY	65, to 2-11 COMPTON the causes a CO. STAFF. M RECTOR PHYS. M Ld State Hosp	nd on the date stated above. 22b. DATE SIGNEO 2-11-66 ital on or county) (State)
21. I certify that (%) (this hospital) attended the saw the deceased alive on 2-11 22a. SIGNATURE 22c. PHYSICIAN'S Heinz H. Klaatse NAME (Type) Heinz H. Klaatse (Type) Hein	at work	ATTENOING MIPHYS. 22d. AGORESS Springfiel OR CREMATORY Online Control Con	COMPAND the causes a co. STAFF PHYS. A Ld State Hosp	nd on the date stated above. 22b. DATE SIGNED 2-11-66 ital on or county) (State) Va.
21. I certify that (1) (this hospital) attended the saw the deceased alive on 2-11 22a. SIGNATURE 22c. PHYSICIAN'S Hora H. Reats of NAME (Type) Heinz H. Klaats of REMOVAL (Specify) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Specify) 2/15/66. As	at work	ATTENOING MIPHYS. 22d. AGORESS Springfiel OR CREMATORY Online Control Con	Company the causes a co. STAFF PHYS. A co. C	nd on the date stated above. 22b. DATE SIGNED 2-11-66 ital on or county) (State) Va.



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		02180				CERTIFIC	AII	UF DEATH					215	15
	1.	PLACE OF DEATH a. COUNTY					-	2. USUAL RESIDENCE	E (Where de				sidence befo	ore admission
1		Carro	11			MARYLA	MD.	a. STATE Maryland			b. COUNT		O: 1	1
		b. CITY OR TOWN	(if outside c	orporate limit	s.	C. LENGTH OF STAY I		c. CITY OR TOWN (II	outside cor	porate II	Balti: mits, write	RURAL	nd give no	arest town
	_	write RURAL a	nd give near	est town)		5yrs.25dys		Baltimor					J	1
	- 5	ykesville	TAL OR INCL	ITUTION (If n		spital, give street add		d. STREET ADDRESS				_	21.8	RESIDENCE
						shirait Risa sricar ann	11 633/			T.2	1.7	7 1 19	01	V A FARM?
		ringfield	State		al			Trans. from		Vlew		ital	YES	NO X
	3.	NAME OF DECEASED		First		Middle		Last	4. DATE		Month		Oay	Year
		(Type or print)		LAWREN	CE_	(NMN)		SIKORSKI	DEATH		EBRUA		90	19 66
			6. COLOR OR	RACE 7. MA	RRIED [NEVER MARRIED	3	. OATE OF BIRTH	9.	AGE (II	rthday) M	UNOER 1		NOER 24 HR
	14	ale	White	WIO	OWED	DIVORCED		Jnk.	8:	7 ?	yrs.	onths L	Days Ho	urs Min.
	10a	USUAL OCCUPATION	N (Give kind o	work done	10b. KI	ND OF BUSINESS OR DUSTRY /		11. BIRTHPLACE (C				12. CIT	IZEN OF V	TAHV
	uuji	Laborer	g iira, even ii	reureu)	IN	The ker mount		Polano	4			Alie	JNTRY?	V
	13.	FATHER'S NAME				118300000000000000000000000000000000000		14. MOTHER'S MAIO				122-20	24.4	
		Unk.						Unk.						
	15	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	1 16. 5	SOCIAL SECURITY NO.	17.	INFORMANT			Address			
	(Ye	s, no, or unkown) (lf yes give war o	r dates of service)				0: 7				-	
	-					None		cords, Sprin	ngriel	a Sta	ate H	ospit		
						ne for (a), (b), and (c).]						ONSET A	. BETWEEN NO DEATH
		PART I, DEA	TH WAS CAUS IMMEDIATE	CAUSE (a)	ung	abscess							Days	
		2001X		OUE TO										
		Conditions, If a		(b)										
		gave rise to I cause (a), sta		OUE TO										
		underlying cause		(c)										
	FICATION			INDITIONS COL				TEO TO THE TERMINAL O	ISEASECON	OITIONG	IVENINPA	ART 1(a)	119. WA	S AUTOPSY RFORMED?
	S	Schizophr	enic re	eaction	, he	bephrenic	type	9					YES	NO 反
0	틸	20a. ACCIDENT W	AS UNDERLY	ING []	20b. D	ESCRIBE HOW INJURY	occu	RRED. (Enter nature of	injury in Pa	art or	Part II of	Item 18.)		-I
	CERTI	DR CONTRIBUTIN (IF EITHER, NOTI	G □ CAUSE (FY MEDICAL	F DEATH EXAMINER)										
	1	20c. TIME OF IN		1_	20d. IN	JURY OCCURRED 120	e. Pl Ar	CE OF INJURY (Home, fa	rm.1 20f.	(City or	town1	(Coun	tv)	(State)
	MEDICAL	Hour a.m.			While	Not While	factor	y, street, office bldg., e	tc.)	(0.0)	,	(0.00.	-21	(
	ž	p.m.				at work		24 22						
					ittende	d the deceased fro		1-25-21 ,1	9 15 40	2-20	1-66_	, 19	_, that (i) (we) las
		saw the dece		an 2 <u>-20</u>	-00	19, ал	d that	death occurred at:		om the	causes at	nd on the	e date st	ated above
		22a. SIGNATURE	12/	11/8	1	V.1.11		ATTENOING -	MED	_ STAI	e l	220. UK	TE SIGNE)
			(Ca	1000	1	1 cmc	M.D.	. PHYS.	O IR ECTOR	PHY	s. X	2-21		
		22c. PHYSICIAN NAME (Typ	's ^{e)} Octavi	. 1 7		11			Springs					.1
			OCTAVI	o A · K	uiz,				ykesy.	lle,	Mary	/land		
	23a.	BURIAL, CREMA	TION, 23b.	OATE THEREO	OF	23c. NAME OF CEM	ETERY	OR CHEMATORY	23d. Lg	CATION	(City, tow	n or coun	ity)	(State)
	12	Durin	12-	23-6	6	Hill (24	Elder	Ba	Mis	SUPLE		Med.	
	24.	FUNERAL DIREC	TOR 11	Sill	0	ADORESS	,	25a. REC	C'D BY REGI	STRAR	25b. REG		SIGNATU	
	Times	7 7 7	Vi VI-d	I do the proper	/ /		-	7/1/1 1/	1 1	1 3 5 7 4	6: 14	WEAR D.	10 VALLEY	7/1

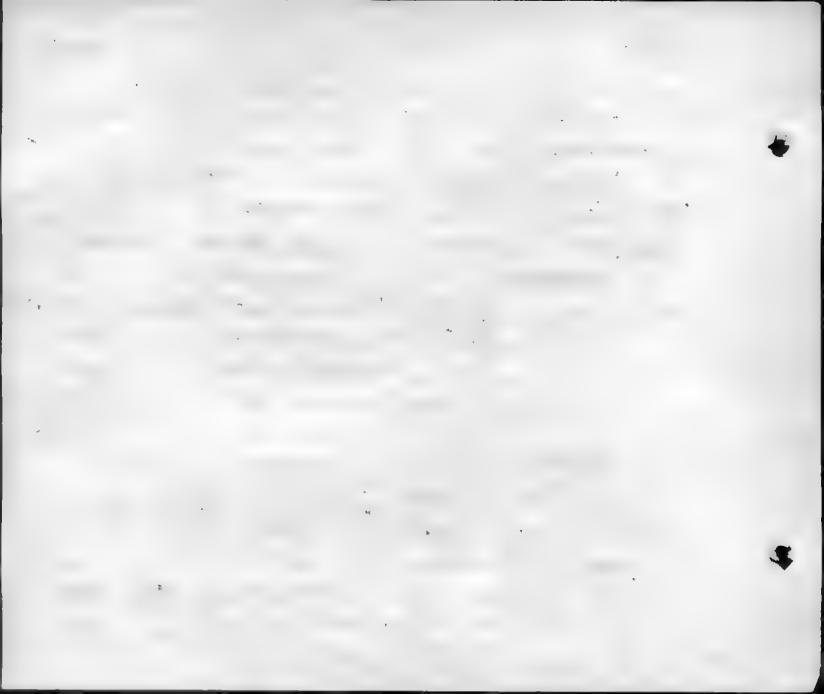
VR A15 (4) 20M 1/65

TREVERTED BY After this carrifolds has been signed by the attending plysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

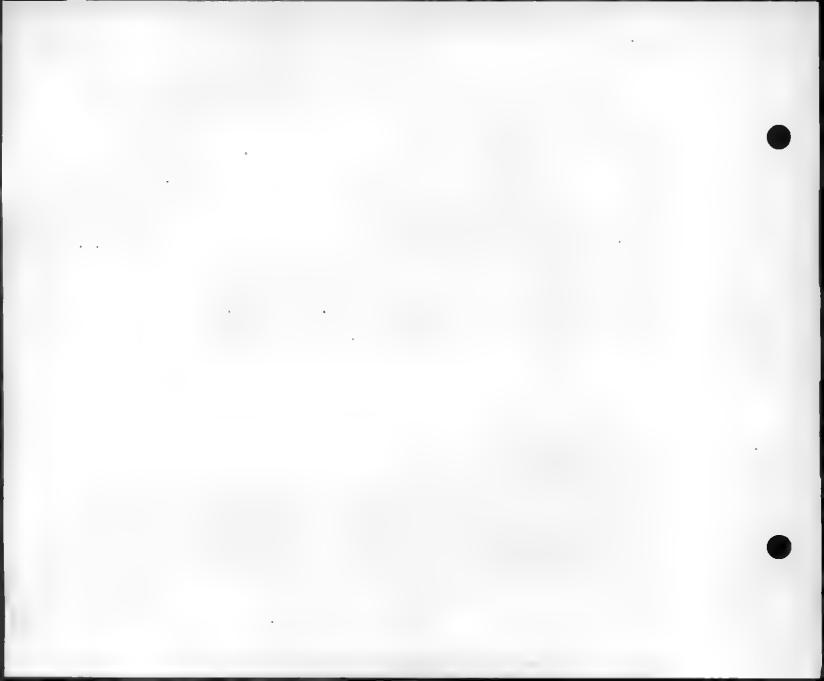
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If just but on, Residence before edmiss on a. COUNTY MERYLEND 127 b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and a write RURAL and give nearest lown IS RESIDENCE OR INSTITUTION (if not in hospital, give street address) NAME OF complete, Middle DECEASED OF (Type or print) 1966 within carbon IF UNDER 24 HRS AGE (In years, IF UNDER 1 YEAR, 5. SEX OR RACE 7. MARRIED DE NEVER MARRIED last birthday) and Months House WIDOWED [DIVORCED physician 1 12. CITIZEN OF WHAT COUNTRY? remove USUAL OCCUPATION (Give kind of work The most of working life, even if retired) 13. FATHER'S NAME pieas altending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. [Yes, no, or unknwn] | [Ifyesgivawar or dates of service] 18. CAUSE OF DEATH Enter only one cause per ONSET AND IMMEDIATE CAUSE (a) 1201 **DUE TO** Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (e), stating the underlying causa lest. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY PERFORMED? NO ST CERTIFICA 20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of them 18.) OR CONTRIBUTING [] CAUSE OF DEATH IT EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (Steta) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) Month, Day, Year fectory, street, office bldg., etc.) While Not While el work 1960 to February 25 1966 that (1) (we) last 21. I cectify that (I) (this hospital) attended the deceased from March 19. 23, and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on . 22a. SIGNATURE SIGNED PHYS DIRECTOR PHYS. FUNERAL 22d ADDRESS CEMETERY OR CREMATOR ဂ္ဂ VR A15 (4) 15M 7 61 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death hours after death PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY a. STATE attending physician amovempletely filled in by the frmit. Then please man carbon papers. Pages 1 n, or removal, and man sevent, within 72 hours after Carroll MARYLAND Marvland Carroll CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Westminster vrs Westminster d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? Baltimore Boulevard ND X YES Baltol Boulevard thin NAME OF 4. DATE Month Year Middle Last First DECEASED 19 66 SMITH DEATH Feb. (Type or print) HENRY 6. CDLDR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 8. 7. MARRIED X **NEVER MARRIED** last birthday) Months white Days Hours male 1888 19. DIVORCED July WIDDWED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) CDUNTRY? death certificate be U.S.A. meat cutter chain store New Windsor RD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie Sleckbier James Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. Address 17. INFORMANT this certificate has been signed by the attent detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) 214-01-0532 Mrs. William H. Smith same INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. DNSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4500 DUE TD Conditions, if env. which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) WAS AUTDPSY CERTIFICATION PART 11. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? NO N YES 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNCERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) be de State Hour a.m. While Not While director, page 3 should be d should be filed with the State p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last and that death occurred at 35 P.M. from the causes and on the date stated above. saw the deceased alive or DATE SIGNED SIGNATURE 22a. MED PHYS. DIRECTOR Z M.D TO HOSPITAL (Page 4 may | PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type LDCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, DATE THEREDE REMOVAL (Specify) Carrollton Church Finksburg, Cem-RD Maryland 66 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. Whenley VR A15 (4) 15M 4-64

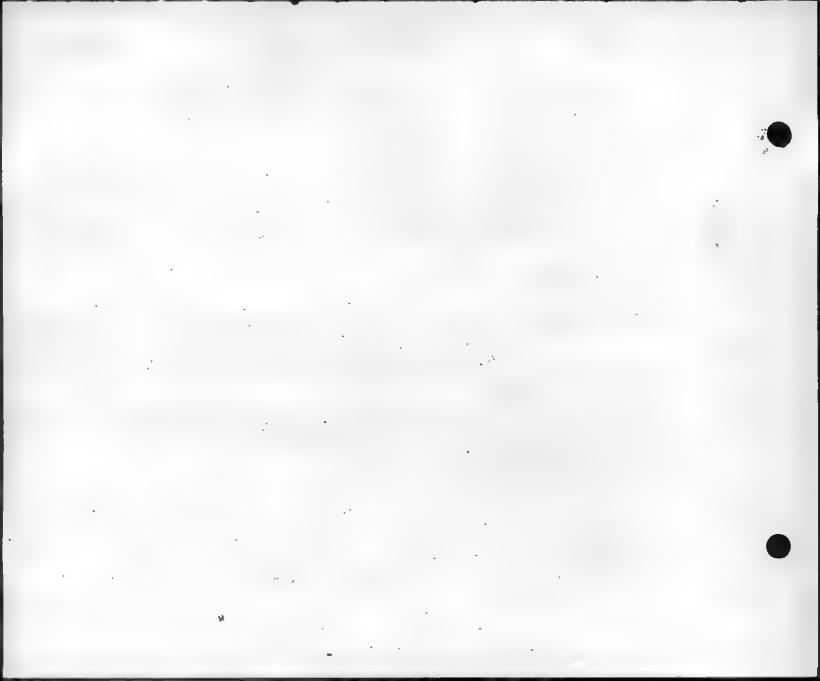


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. and completely filled in by the funeral emove carbon papers. Pages 1 and 2 and 2 any event, within 72 hours after death. TO FUNEAL DIRECTOR: After this certificate las lean signed by the attending hydricing director, page 3 should be detached for use as the burial-transit permit. Then of ase should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02188 CERTIFICATE OF DEATH

	===		0,10,10
4	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)
- 1		CIARROLL MARYLAND	a. STATE b. COUNTY
1	-	b. CITY OR TOWN (if outside corporate limits. C. LENGTH DE STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Write RURAL and give nearest town) SYKES VIIIE 30.175	· MAUGANSVILLE . :
-		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
* *\	1	SPRINGFIELD STATE HOSPITAL.	ON A FARM? YES ND
1	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
- 1		(Type or print) LUCY Rene	SPICKIER DEATH FEB 12 1966
	5.	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
		FEMALE WhITE WIDDWED DIVORCED DI	146, 8, 1889 TB yrs. Months Days Hours Min.
7	1Da dur	. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		HOUSEWIFE Countone	MAGICAN AND SA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		MICHAEL LOWIERY	ANNABELLE EVERSOLE
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(None Ch	rester L. Spickleumic others burg Wire
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: (Interior clerolic	in Heart disease 110111N
		Due to 1	a + 10 1 1
		Conditions, If any, which] the Person of the second secon	Chercoseluras Agears
		gave rise to immediate cause (a), stating the DUE 19	
		underlying cause last. (c)	q
	No.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION OVEN IN PART Kay 19. WAS AUTOPSY
-	CERTIFICATION	Idenocaremond of uleuro xs	chezophreme Varantis YES NO NO
	TIF	202. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY DOCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bidg., etc.)
	MED	Hour a.m. While Not While at work at work	- · · · · · · / / / / / / / / / / / / /
		21. I certify that (I) (this hospital) attended the deceased from (H)	B. 9 1966 to 2-12 - 1966 that (1) (we) last
		saw the deceased alive on 14ch, 12 1966, and that	death occurred at/1.50 M, from the causes and on the date stated above.
)		22a. SIGNATURE	ATTENDING MED CTAFE LOOK DATE SIGNED
		Elquem all Campio. 120 M.D	
	ì	Page Physician's NAME (Type) AGUSTIN SOE CAMPO	SYKESVILLE MARY LAND
	23a.	. GURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME DE CEMETERY	DR CREMATORY 23d. LDCATION (City, town or county) (State)
}	15	REMOVAL (Specify) 2-15-66 DUNKARD	Cemetery Broad Foring Wash Co Md
1	24.	FUNERAL DIRECTOR HOSERS TOWN ADDRESS MIL	258. AEC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
<i>(</i>)	A	INDRUK. COFFMAN Funeral Him	Juc DATE B 15 1966 Scharles Judge
	-	INDRUCK. CUFEMAN I-UNERAL ITAN	TO IVVIII

VR A15 (4) 20M 1/65



		02189	CERTIFICATE	OF DEATH	02140
1	1. P	LACE OF DEATH		2. USUAL RESIDENCE (When	re deceased lived, If institutions Residence before b. COUNTY
-	b	Carroll City or town (if outside corporate limits,	MARYLAND LENGTH OF STAY IN 16	Maryland	Carroll corporate limits, write RURAL and give nearest to
7		writa RURAL and give neerest town) Windsor Rural	vears	New Windsor	
		NAME OF HOSPITAL OR INSTITUTION (If no	in hospital, give street eddress)	d. STREET ADDRESS	e, IS
-	3. F	Rural First	Midd.e	none	YES
	I	Typa or print) FOWAPD	STEINBE	PG SR DE	
	5. 5	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER I YEAR IF UNDER lest birthdey) Months Deys Hours
_	10a.	USUAL OCCUPATION (Give tied of work	IDOWED DIVORCED DIVOR	March 23. 1885	or foreign country) , 12, CITIZEN OF WHAT
	don	during most of working life, even if retired) Laborer	Farm		arvland USA
	13.	FATHER'S NAME	- Vidini	14. MOTHER'S MAIDEN NAME	STATE OF THE STATE
-	15.	Franc Steinberg	? 16. SOCIAL SECURITY NO. 17. II	Wilhemina S	chultz
ľ	(Yes,	no, or unkown) (Hyesgivewerordetesatservial)	213-16-1661Mrs		Add Wew Windsor inberg Rural Md.
	T	18. CAUSE OF DEATH Enler only one cou	se per line for (e), (b), end (c).]	A 4.	INTERVAL 8 ONSET AND
	1	IMMEDIATE CAUSE (e)	_ arterior	eleratio	C.V.B. Ye
	-	f of of / DUE TO Conditions, if any, which \ (b)			
ı		gave rise to immediate cause DUE TO			and a
	- 1-	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART 1(6) 19. WAS
	CERTIFICATION			, , , , , , , , , , , , , , , , , , , ,	YES T
	ERTIFIC	OR CONTRIBUTING [] CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURRED	C. (Enter neture of injury in Pert I or	Part II of item 18.)
	T. I.	IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year	1 20d. INJURY OCCURRED 1 20s. PLAS	CE OF INJURY (Home, farm, ; 20f.	(City or town) (County)
	MEDICAL	Hour a.m. 19		ry, street, office bldg., atc.)	(44,44,44,44,44,44,44,44,44,44,44,44,44,
		21. I certify that (I) (this hospital)	£ 2		to 2.1.1.2, 1966, that (1)
	- 1-	saw the deceased alive on	4/44.19, and that	death occurred al. 15/1, f	rom the causes and on the date state
۱	1	M.E. Rol	Pertron M	ATTENDING MED. PHYS. DIRECTOR	STAFF
		NAME (Type) M. E. Robe:	ntaon	22d. ADDRESS	1.1. 0. h.
1	Į. 23a.	M. H. HODE:	rtson	DR CREMATORY 23d, L	OCATION (City, town or county)
	_R	EMOVAL (Specify) 2/21/66		Cemetery New	
3	24	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	my 25 EBD OY JE	GISTRAR 256. REGISTRAR'S SIGNATURE
X.	11 1	11 37 11 1 1 1 1 1		1 //LLI DATE	TOTAL ALTERNATION OF THE PARTY



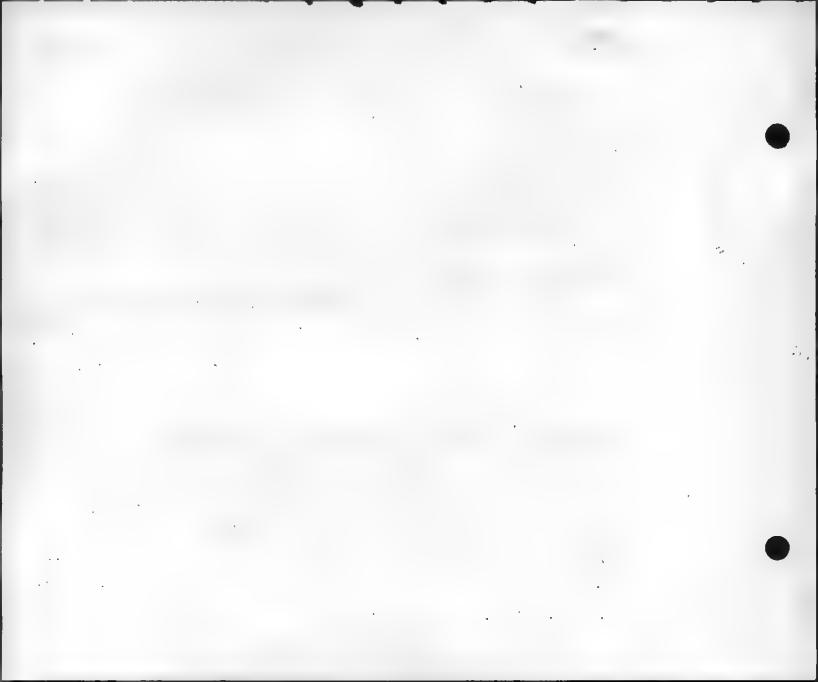
MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then person thouse carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	DIVISIO	N OF STATISTI	CAL RES	EARCH AND	RECORDS	, 301 W. PRESTO	N STREET,	BALTIMO	RE 1, MARY	LAND	
	UZ193			CER	TIFICAT	E OF DEATH			02	142	
11.	PLACE OF DEATH	CARRE 11			MARYLAND	2. USUAL RESIDENCE a. STATE	ryland	b. COUN	ΓY	V	
12	write RURAL	N (if outside corpora and give nearest to	wn)		F STAY IN 1b	c. CITY OR TOWN (IF	outside corpo	rate limits, wri	te RURAL and g	ive nearest tow	n)
1	d. NAME OF HOS	YKESVI//E	ON (if not in	hospital, give si	/ Md,	d. STREET ADDRESS	10'			e. IS RESIDEN	
	SPRIN		TATE	HOSPIT	A/.	NONE				YES NO 2	_
3.	NAME DF DECEASED (Type or print)	.57	adiE	Midd	ile	Last TALKIN	4. DATE OF DEATH	Month 2	0a ₁	2 1966	
1	SEX Female	6. COLOR OR RACE	WIDOWE		ARRIED 🔀	9-5-99	9. /		Months Oays	Hours Mit	
1Da dur	ing most of work	ION (Give kind of wor) ing life, even if retire	kdone 10b. ed)	KIND OF BUSINI INDUSTRY	ESS OR	11. BIRTHPLACE (Co	. /	foreign country)	12. CITIZEN COUNTR	{YZ	
13.	FATHER'S NAM	<i>NE</i> E				14. MOTHER'S MAIO			1	USA	-
	NATH		AlKIN	/		Bessie	DUN				
(Ye	. WAS DECEASED I	EVER IN U.S. ARMEOF (1f yes give war or dates	of service)	6. SOCIAL SECUR		INFORMANT PINGFIELD H	ICSP. RE	Address	SUNESVI	ille, Md	P
		DEATH [Enter only or		line (or (a), (b),	and (c).] ,				INT	ERVAL BETWEE	N H
	PART I. GE	ATH WAS CAUSED BY IMMEDIATE CAUSE	E (a)	CAK	18190	1476	URE	DUF	10	HES.	_
	Conditions, If		(b)	77-5 C	2 V Z) ·	COR	ONCES	17/12/201	1186311	<u> </u>
	gave rise to cause (a), si underlying caus	ating the OUE	TO (a)							HES	
VTION			(c) IONS CONTRII	BUTING TO DEATH	BUTNOTRELA	TEO TO THE TERMINAL D	ISEASE CONOI	TION GIVEN IN F	'ART 1(a) 19.	WAS AUTOPS PERFORMEO?	
CERTIFICATION	20a ACCIDENT	CPHRENIA WAS UNDERLYING F	1 20h		INITIRY OCCU	IRRED. (Enter nature of	Inlury in Part	Lor Part II of		res No	XI
	OR CONTRIBUTE (IF EITHER, NOT	NG CAUSE OF DEA	ATH INER)	OLOGINADE HON	1 1170111 0000	HISED. (EREST HOUSE OF	11,21,7 11.7 41.0	7 01 1 442 11 01	1000 100		
MEDICAL	20c. TIME OF I Hour a.m		Whit		facto	CE OF INJURY (Home, fa ry, street, office bidg., e	rm, 20f. (CI	ty or town)	(County)	(State)	
		y that (I) (this hos ceased alive on				<u> </u>	38 M from	2-12		that (I) (we) la	
	22a. SIGNATUR		2	(-)-	and una		MEO.	STAFF	22b. DATE S		N Q.
	22c. PHYSICIA NAME (T)	N'S (Pe)	1. 1	D	M.D	22d. ADORESS	SERVICE CONTRACTOR CON	PHYS.	2/15	1660.	-
238	BURIAL, CREM	ATION, 23b. OATE	THEREOF	236. NAME	OF CEMETERY	OR CREMATORY	23d. LOC/	TION (City, to	wn or county)	(State)	
5	REMOVAL (Spe	2/14	166	mot	Leba	non	1300	Alyn	Men	wyork	
24	FUNERAL DIRE	S Luis	ason	3319	Sym	NO Chapmen	D BY REGISTI	VARI	ianles	NATURE	
	7	~ <u> </u>				DATE	1 1 12	101	- rug	7-	_

VR A15 (4) 20M 1/65



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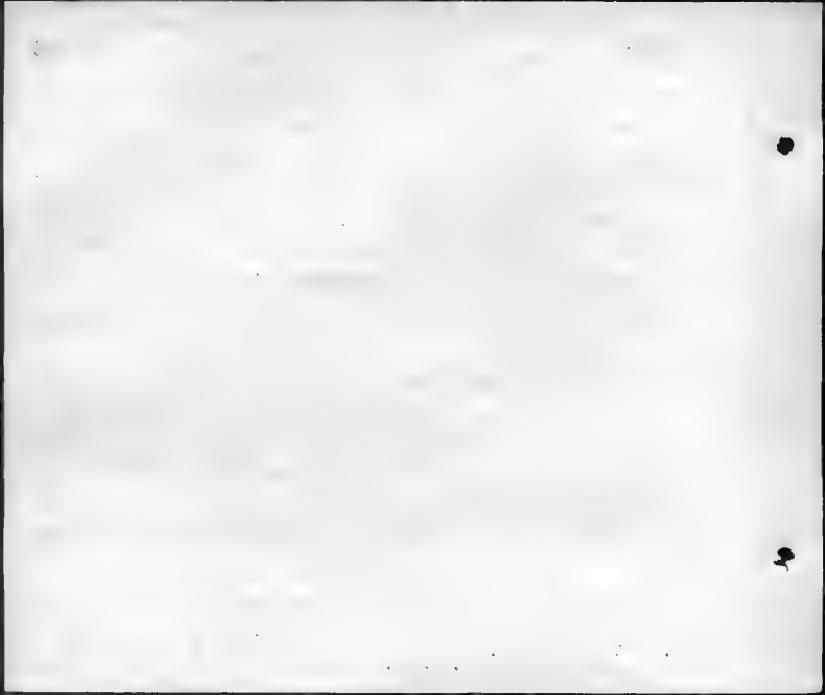
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral should USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) . PLACE OF DEATH . COUNTY b. COUNTY 12 MARYLAND and Iff outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if puls de corporate C. LENGTH OF STAY IN 16 þ write RURAL and give nearest low .5 filled a. IS RESIDENCE d. NAME OF HOSPITAL d. STREET ADDRESS ON A FARM? YES NO T completely 3. NAME OF Midd e DATE Month Year DECEASED DEATH (Type or print) 19 and col AGE (In years (IF UNDER) YEAR | IF UNDER 24 HRS S SEX RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED Physician 10a. USUA. OCCUPATION (Give kind of work done during most of working l.fe, even if refired)

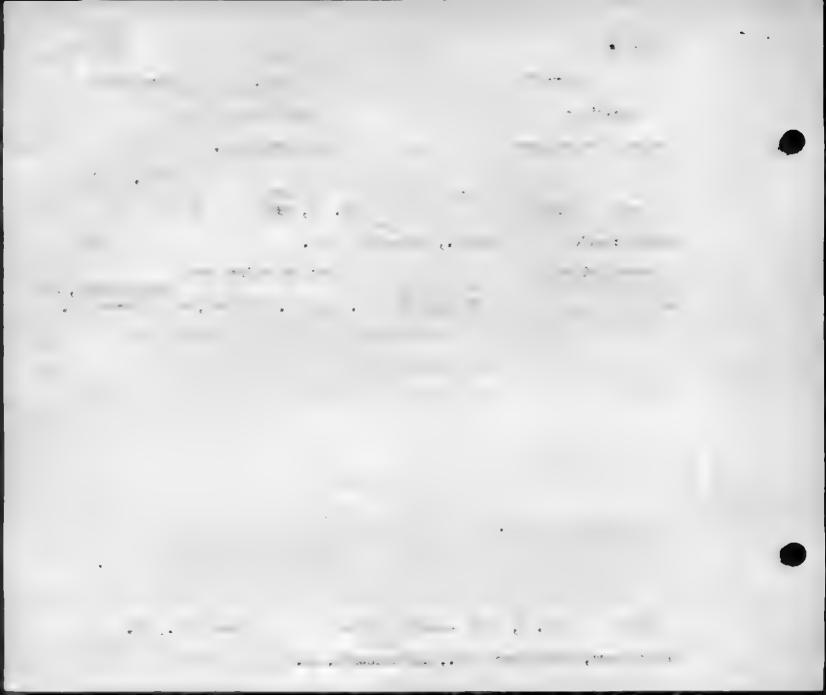
MERCAN TILE 12. CITIZEN OF WHAT COUNTRY? CLERK - RETIRED 13. FATHER'S NAME HAGER MAN WILLIAM IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown), (Ifyesgivewer or detes of service) 1B. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). ģ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ARTERIUSCLEROTIC Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? NO D 2De. ACCIDENT WAS UNDERLY NG | | 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I of Par OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED ' 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 2Df. (City or lown) (County) (Stete) tectory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) saw the deceased alive on, 220. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 77c. PHYSICIAN'S FUNER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23a. BURIAL, CREMATION, 23b à à REMOVAL (Specify) 0 Baltimore, New Cathedral Md. 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE H.W. Jenkins & VR A15 (41 Sons Co. Balto.12. Md.

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funer PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY b. COUNTY the t nd 2 earth. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) E P write RURAL and give necrest town 를 그 등 Sykesville Randallstown 21133 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Pullen Nursing Home 8815 Liberty Rd. YES NO 3. NAME OF Yeer Middle 4. DATE Month DECEASED OF (Type or print) DEATH Triplett Howard 19 66 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months | Dave 17. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work гетоме 106. KIND OF BUSINESS OF HIDUSTRY 11. BIRTHPLACE (County & Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Retired chauffer Balto., asphalt & USA di≡g pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Triplett Sara Catherine Dean Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Randallstewn, 21133 (Yes, no, or unkown) (If yes give we ror detes of service) Mrs. Elsie B. Triplett, 8815 Liberty Rd. permit. has been signed by II he burial-fransit permit. urial, cremation, or ren 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic asthma: Arteriosclerosis, generalized 1/25/66 IMMEDIATE CAUSE (e) until DUE TO attending Conditions, if any, which Diabetes: Cystitis 2/3/66 gave rise to immediate cause **DUE TO** (e), steting the underlying Post operative prostatectomy ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fter this centered for a (IF EITHER, NOTIFY MEDICAL EXAMINER) OR ATTENDING PI may be retained by th DIRECTOR: After thi 3 should be detached f MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or lown) (County) (State) fectory, street, office bldg , etc) While Not While ŏ et work at work saw the deceased alive on .. Feb. 1966, and that death occurred at 9. a.M. from the causes and on the date stated above. State 22e. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED co. death. Page 4 director, page 3 be filed with th PHYS. DIRECTOR PHYS. M.D. HOSPITAI 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Howard E. Hall, M.D. ___Sykesville. Maryland 23e, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL [Specify] Jennings Chapel 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE apliantes Judge VR A15 (4) ers, 8728 Liberty Rd., Randallstene. Md 20M 5-63

SALVINO ELALE DESTRUMENT ON MEYELLE



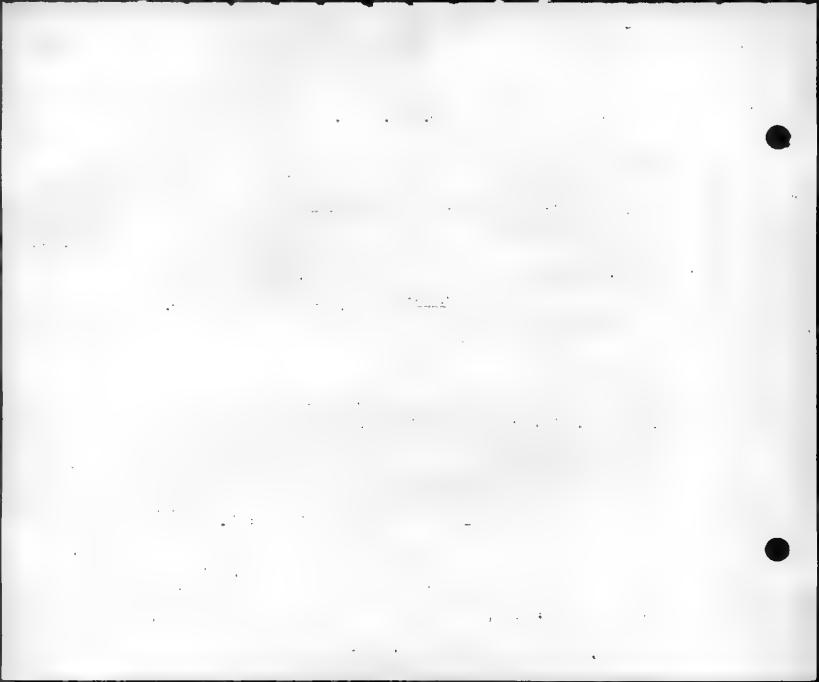
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. hours after death USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH P COUNTY a. COUNTY Carroll Maryland by the finance Pages 1 urs after MARYLAND c, CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, etely filled in by troop papers. Page, within 72 hours a write RURAL and give nearest town) Baltimore City Sykesville 2mlv e. IS RESIDENCE d. STREET AODRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Springfield State Hospital 1602 Booker Court NO X YES etely within carbon DATE Month Oay Middle Last 3. NAME OF DECEASED 2 9 66 Arthur Lee Vaughn 19 ease remove carl and in any event, DEATH (Type or print) Brad Comp AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH last birthday) Months Deys male Negro 5-17-**02** WIDOWED DIVORCED - wy the attending physician l-transit permit. Then please i, cremation, or remains 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY death certificate be Virginia US.1 Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unknown Address 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 218-01-801 unknown Hospital Records INTERVAL BETWEEN been signed by the the burial-transit p for to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Bilateral bronchopneumonia DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate the or to **OUE TO** cause (a), stating the underlying cause last. has as prio PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION r this certificate hadetached for use a detached for use a te Dept. of Health p Chronic brain syndrome, with cerebral arteriosclerosis with PERFORMED? YES T No [psychotic reaction. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) WEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) DIRECTOR: After t age 3 should be de jied with thm State Hour a.m. Not While OR ATTENDING be retained by ATTENDING at work at work 15410 to _ 1966_ that (I) (we) last 21. I certify that 10 (this hospital) attended the deceased from_ 12-4 2-9 19.66, and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on 2-9-22b. DATE SIGNED 22a. SIGNATURE 2-10-66 STAFF DIRECTOR PHYS. PHYS. 4 may director, pag should be file TO HOSPITAL FUNERAL 22d. **ADDRESS** PHYSICIAN'S NAME (Typelleinz Klaatsch. M.D Springfield State Hospital LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify) REGISTRAR'S SIGNATUR 25b. / ADDR ESS FUNERAL DIRECTOR VR A15 (4) 15M 4-64



· market	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
=	(M)		02196 CERTIFICATE OF DEATH 112147
24 hours after death.		ī.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
ter	0 0	_	Caroll Maryland de State Mat. Carall
s af	by the Pages I urs after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hour	C =	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 0. IS RESIDENCE
	filled in papers. P	1	arrall County General Hespital West Free Road YES NO
量	completely filled in ve carbon papers. event, within 72 hc	3	NAME DF First Middle Last 4. DATE Month Day Year
ج ت د	comple ve carb event,	5.	SEY DEATH SOLOR ON PART 1966
requires that the death certificate be executed within ding olivsician.)	Male Title WIDOWED DIVORCED MAY 10 1899 Jast Dirthday) Months Days Hours Min.
be e	attending physician and rmit. Then pleas Lemp n, or removal, and man	10a dur	. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate	nysic ple	13.	Varpenter Bullanis Building 19. 71.5, H.
ırtific	ing p Then move		? - WAITE Rotto man Rease
<u>ي</u>	tend nit. or re	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
deat	the atten t permit. ation, or	_	no - 219-28-4311 Mes Callerine Evacte - Ultre.
the	mail that		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART J. DEATH WAS CAUSED BY: ONSET AND DEATH LI HRS.
that sicia	signed by urial transi urial, crem		4201 DUE TO 0
uires 7 ohv	an signe burial i		gave rise to immediate (b) HOUTE COROWARY INSUFFICIENCY 24 HRS
w req	has beer as the prior to		underlying cause last. DIE TO HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULIAR YRS.
PHYSICIAN: The law requires that the hospital or aftending ohvsician.	certificate has been hed for use as the bt. of Health prior to b	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
L.S.	tific f He	TIFIC	YES ND WES UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT
PHYSICIAN: the hospital	this certi		(IF EITHER, NOTIFY MEDICAL EXAMINER)
	After this d be detac	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While Not While factory, street, office bidg., etc.) (County) (State)
JNG d by		M	p.m. 19 at work
OR ATTENDING be retained by	ECTOR: / 3 should with the		21. I certify that (I) (this hospital) attended the deceased from 1966, to 2/22, 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 33M, from the causes and on the date stated above.
OR Al	REC1		22a. SIGNATURE 22b. DATE SIGNED
	Page filed		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D. 2/2-3/66 220 PHYSICIAN'S 122d. ADDRESS 12
O HOSPITAL	O FUNERAL DIRECTOR. director, page 3 should be filed with the		NAME (Type) VINCENT J. FICOCCI Westminster, Mik.
70 H	die Sie	238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	2	24	FUNTERAL DIRECTOR ADDRESS . A 250. REGISTRAR'S SIGNATURE
VR 20 <i>N</i>	AI5 (4)	0	within A. Anight Chycesville, Mr. DAFEB 25 1966 Charles Judge
2.011	. 100		



1	MARYLAND STATE DEPARTMEDIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W.	ENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND
E BNENA	2197 CERTIFICATE OF J	
hours after death. d in by the funeral rs. Pages 1 and 2 thours after death.	a. ST/	The state of the s
urs aftu n by th Pages ours aft	C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Frederick R TOWN (If outside corporate limits, write RURAL and give nearest town)
fille fille	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET	ADDRESS At O. IS RESIDENCE ON A FARM? YES NO NO
executed within	ME DF First Middle Las	7 . 7 . 7 . 1
₽.8 =	pe or print) MARY ANN WEL	TY DEATH FEBRUARY 25 19 66
executed	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF	last birthday) Months Days Hours Min.
		HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
law requires that the death certificate be ettending physician. Has been signed by the attending physician as the burial-transit permit. Then please reprior to burial, cremation, or removal, and in	ousewife Mar	Vland U.S.A.
g ph	THER'S NAME 14. MOTH	IER'S MAIOEN NAME
rem	S DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT	lhelmina Kuster Address
eath atte ermii m, oi	or unkown) (If yes give war or dates of service) Old / 10 / 1574	, Springfield State Hospital
at the deal ian. d by the al ransit pers cremation,	CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OEATH
requires that the ding physician. been signed by the the burial-transit is to burial, cremation to burial, cremation	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia	Weeks
w requires that ending physician as been signed as the burial-trainior to burial, cr	7 4 6 X DUE TO Nephrosclerosis	Years
fquir ng p een een to bl	(b) NEPHPOSCIETOSIS so (a), stating the DUE TO	
law req attendin has be e as the h prior t	lerlying cause last. (c) Generalized arterioscle	
The lor a cate ir use lealth	IT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE Sassoc. with senile brain disease, with ps	ychotic reaction PERFORMED? YES NO
CIAN Spit certi red i	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	r nature of Injury In Part I or Part II of Item 18.)
	TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m. While Not While at work at work	fice bldg., etc.)
ATTENDING retained by CTOR: After should be rith the Stat	21. 1 certify that (I) (this hospital) attended the deceased from $5-26-61$;	19 to 2-25-66 , 19 that (I) (we) last
ATTE retai CCTO sho vith	saw the deceased alive on 2-25-66 19 and that death occ	urred at
OR DIRE	Dr. Cuntomin Claimer ATTENDI	
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR, director, page 3 should should be filed with the	PHYSICIAN'S NAME (Type) Antonius Glahn M D.	ODRESS Springfield State Hospital Sykesville, Maryland
Page of FUNI	URIAL, CREMATION, 23b. DATE THEREOF 29c. NAME OF CEMETERY OR CREMATERY OF CHIEF COMMENT OF CHIEF COMMENT	TORY 23d. LOCATION (City, town or county) (State)
F F	March 1,1966 Mount Olivet Cemet	ery Frederick, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	ailus Finne & Jone to Milatan	MAR 2 1956 Pelianley Judge.
20M 1/65	1 17	



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (2198) CERTIFICATE OF DEATH

0.44					A 41
1. PLACE OF DEATH					If institution, Residence before admission)
	rroll	MARYLAND	a. STATE Mar	yland b. col	Carroll
b. CITY OR TOWN (if outside write RURAL and give no	corporate limits,	c. LENGTH OF STAY IN 16			ite RURAL and give neerest town)
Rural Mt.A.		Life	Rura	1 Mt. Ai	01-1
d. NAME OF HOSPITAL OR	INSTITUTION (if not in		d. STREET ADDRESS		. IS RESIDENCE
	RFD #	2		R.F.D. # 2	ON A FARM?
4	R.F.D. #	Middle	Last	4. DATE Mos	
(Type or print)	FREDE	RICK T. WRIG	HT	DEATH Jel	20 1966
5. SEX 6. CO			DATE OF BIRTH	9. AGE (In year	IF UNDER TYEAR IF UNDER 24 HRS.
			Nazz 0 1010	last birthday 55 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (GI	re kind of work 10	. KIND OF BUSINESS OR INDUSTR	NOV. 9 1910 Y 11. BIRTHPLACE (Cour		y) 12. CITIZEN OF WHAT COUNTRY
done during most of working life		Building	Commoli	Co Ma	IT C A
Carpente:	t.	Darrang	Carroll 14. MOTHER'S MAIDEN	NAME	U.S.A.
0		Tulian of on Yorks	N/ -	D	
15. WAS DECEASED EVER IN U.	Augustus S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	THAMROTH	ry Reaver	188
(Yes, no, or unkown) (Ifyesgive	war or dates of service)	210 02 7767	Mana Canana	Mariaht Com	# 2
NO 18. CAUSE OF DEATH	Enter only one cause p	219-03-7767	Mrs Grace	wright san	ie as # 2
PART I, DEATH WAS		ulle coron	es The	0000	ONSET AND DEATH
IMMEDIA		ecci ce oc z	The state of the s	oursers.	Thom
4201	DUE TO				
Conditions, if any, which					
(a), stating the underlying	DUE TO				
cause last.	(c)	CONTRIBUTING TO DEATH BUT NO	T BELLATED TO THE VERMI	NAL DISEASE CONDITION O	IVEN IN PART 1(a) 19, WAS AUTOPSY
E PARI II. OTHER STORIES	CANI CONDITIONS	TON TO BEATH BUT NO	RELATED TO THE TERMI	NAL DISEASE CONDITION O	PERFORMED?
S ACCIDENT WAS HAID	COLVING FT 1 201	DECEMBE HOLL IN THINK OCCURED	VE-A A C I-Disse I	Post Los Bost Host too 10 V	AE2 NO
PART II. OTHER SIGNIE 208. ACCIDENT WAS UND OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	DESCRIBE HOW INJURY OCCURED	feuter nature of injury in	Part I of Part II of Item 18.)	
	l l	Dd. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, fare	m, : 20f. (City or town)	(County) (State)
20c. TIME OF INJURY A		hila Not While factor	ory, street, office bldg., etc	:-)	
			3/	10/5- 7-6	
					s and on the date stated above
22a, SIGNATURE	7 -				22b. DATE
Wal	Gelen	cell M	District All I	MED. STAFF DIRECTOR PHYS.	2/2/1/6
22c. PHYSICIAN'S NAME (Type)	VB. Co	slwell	22d. ADDRESS	Ling, mo	1
23a. BURIAL, CREMATION, 23	b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City,	town or county) (Stele)
REMOVAL (Specify) Burial	2/23/66	Taylorsvil	le Cemeter	v Carroll	Co. Md.
24 FUNERAL DIRECTOR'S SIGN		ADDRESS		G'D BY REGISTRAR 256.	
C.M. Waltz Bo	0x 241 St	kesville. Md.	DATE	24 1966 1	Clearles Judge
The state of the s		The state of the s	1 110		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral plnous PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY hours b. COUNTY 47 P death, MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ρλ write RURAL and give nearest town) 24 E hours after manche the man Pages within filled i d. NAME OF HOSPITAL OR INSTITUTION jit not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO completely papers. NAME OF First Middla 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 19 ALL NO 6 arbon withi 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER) YEAR IF UNDER 24 HRS and last birthday) Months WIDOWED [DIVORCED certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Houseler please a 13. FATHER'S NAME MOTHER'S MAIDEN NAMI affending mente Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yas/no, or unkown) | (Ifyas give war or dalas of servica) The law requires that the permit, 18. CAUSE OF DEATH [Enter only one causa physician. INTERVAL BETWEEN signed by ONSET AND DEATH 9 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation. burial-transit **DUE TO** aftending Conditions, if any, which has been gave rise to immediate cause DUF TO burial, (a), stating the underlying cause last. may be retained by the hospital or DIRECTOR: After this certificate his should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20 PERFORMED? NO R prior 20a. ACCIDENT WAS UNDERLYING 20b. DES CRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING EL CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While jo Hour a.m. al work at work 19 Dept. 21. I certify that (I) (this hospital) attended the deceased from... State saw the deceased alive on... Truy 12 19.6.6, and that 22a. SIGNATURI ATTENDING BIGNED 3 death. Page 4 DIRECTOR PHYS. PHYS. M.D. HOSPITAL page with th NAME (TYP 22d. ADDRESS filed v 235 23a. BURIAL, CREMATION, | 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. (State) BEMOVAL (Spokify) 0.58 24 FUN RAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 20M S-63

ARYLAND STATE DEPARTMENT OF HEALTH

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